



# HLTHPS006

Assist clients  
with medication



# **HLTHPS006**

## **Assist clients with medication**

**Release 3**

**Learner Guide**

Aspire Version 1.1

## HLTHPS006 Assist clients with medication, Release 3

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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



# Before you begin

This Learner Guide is based on the unit of competency *HLTHPS006 Assist clients with medication*, Release 3.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

## How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

## Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> <li>Understanding how documents are presented and being able to navigate through documents</li> <li>Understanding industry- and job-specific terminology</li> <li>Interpreting key information in relevant documents</li> <li>Understanding routine workplace checklists and documentation</li> </ul>
Writing	<ul style="list-style-type: none"> <li>Planning, drafting and writing reports and documents</li> <li>Communicating through written letters, email and online</li> <li>Recording progress; reporting incidents</li> </ul>
Oral communication	<ul style="list-style-type: none"> <li>Clarifying instructions</li> <li>Providing information</li> <li>Supporting others through encouragement, negotiation and conflict resolution</li> <li>Using body language to model desired behaviour and responding to others' body language</li> </ul>
Numeracy	<ul style="list-style-type: none"> <li>Calculating costs, weights, measurements of height and distance</li> <li>Interpreting measurements</li> </ul>
Learning	<ul style="list-style-type: none"> <li>Understanding your job role, organisational procedures and legal responsibilities</li> <li>Managing your work and seeing how well you are going</li> <li>Making goals for yourself at work</li> <li>Seeking professional development opportunities for continuous improvement</li> </ul>
Problem-solving	<ul style="list-style-type: none"> <li>Identifying problems</li> <li>Working out how to fix a problem using problem-solving processes</li> <li>Reviewing the outcome</li> </ul>
Initiative and enterprise	<ul style="list-style-type: none"> <li>Recognising opportunities to develop and apply new ideas</li> <li>Generating ideas by thinking of new ways to do something</li> <li>Making suggestions to improve work</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>Working well with other people by cooperating, collaborating, encouraging and building rapport</li> </ul>



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> <li>• Planning your workload and commitments</li> <li>• Implementing tasks</li> <li>• Completing work on time</li> <li>• Knowing how to deal with hazards and risks</li> </ul>
Self-management	<ul style="list-style-type: none"> <li>• Understanding and applying decision-making processes</li> <li>• Reviewing your behaviour and the impact of your decisions</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• Efficiently using digitally based technologies and systems correctly and safely</li> <li>• Accessing, organising and presenting information</li> <li>• Using equipment correctly and safely</li> </ul>

Note: Not every unit of competency will contain all foundation skills.

## What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Prepare to assist with medication	1A Understand the laws and regulations of medication assistance	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify workplace roles, responsibilities, accountabilities and reporting	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Confirm that medications and equipment are ready	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Follow infection control procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Prepare the client for assistance with the administration of medication	2A Understand the client's needs and the level of supervision required	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Carry out the appropriate checks prior to assisting with medications	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 3 Support clients with administration of medication	3A Follow documentation requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Know the 'rights' of assisting with medication	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Handle medication contingencies	4A Identify actions, side effects and contraindications of medications	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Report any concerns to supervisor and/or health professional	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 5 Complete medication distribution and documentation	5A Dispose of used equipment and unwanted or expired medicines	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	5B Complete medication equipment and documentation procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

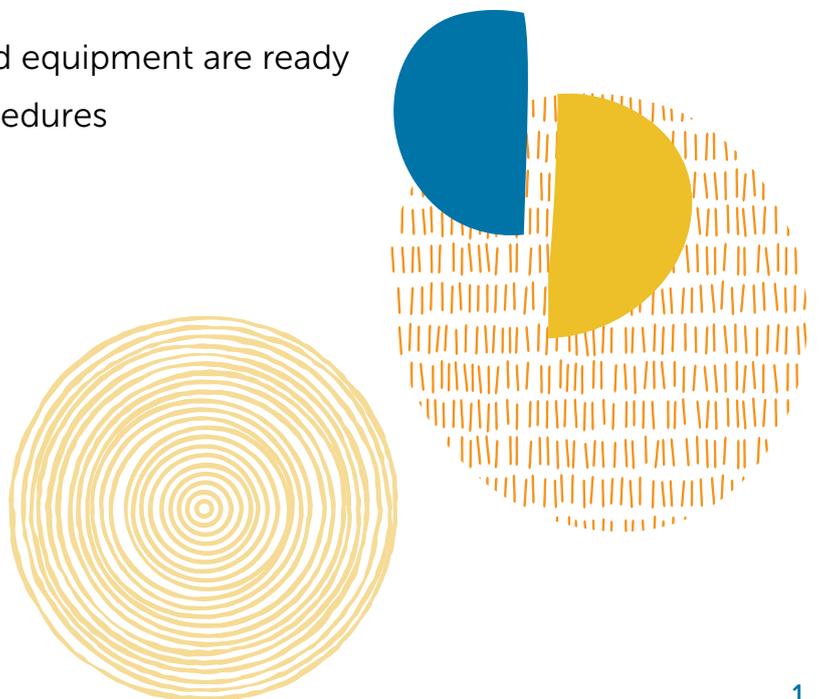






## Topic 1: Prepare to assist with medication

- 1A Understand the laws and regulations of medication assistance
- 1B Identify workplace roles, responsibilities, accountabilities and reporting
- 1C Confirm that medications and equipment are ready
- 1D Follow infection control procedures



# 1A

## Understand the laws and regulations of medication assistance

**To assist with administering medication, you must know your scope of practice and assess your ability to provide assistance according to organisation guidelines and the regulatory requirements of your jurisdiction.**

Your scope of practice is defined by what you are qualified and trained to do within your profession. This is a reflection of your skills, knowledge and experience, as well as laws, regulations and organisational policies and procedures. Given that policies and procedures can vary from workplace to workplace, it is your and your supervisor's responsibility to ensure you have the training to perform the tasks of your role.

Most states and territories have legislation that provides for some support workers to administer medicines; for example, in Tasmania, disability workers can do so. A trained and competent support worker can therefore help when a consumer or their support worker requires physical assistance to administer medicines, such as unscrewing bottle lids or removing tablets from a **dose administration aid**.

### Dose administration aid (DAA)

A package that contains the person's weekly medications, put together by a health professional.

Where a consumer runs out of their current supply of medicine, you should seek the advice and/or assistance of their doctor, pharmacist, registered nurse, or the usual source of supply – for example, the Aboriginal Medical Service – as dictated by the particular circumstances.

### Duty of care

### Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

It is your **duty of care** to understand and follow rules about safe caregiving including medication care, along with hygiene, and storage and safety guidelines, to reduce the risk of causing harm to yourself or another. There will always be a person in the workplace or on call to provide assistance if you are unsure of how to act in a given situation. Reporting any concerns you have about medications is essential.

The principle of duty of care is that you have an obligation to avoid any act or omission that could be reasonably foreseen to injure or harm another person. This means that you must anticipate risks for your clients and take care to prevent them coming to harm.

Source: [health.gov.au](http://health.gov.au)

Meeting your duty of care does not mean you are required to understand everything about the medication, its effects and side effects. That is the role of health professionals, such as doctors, nurses and pharmacists, who have completed

extensive study to understand the use, effects, interactions and warnings related to each type of drug. However, it does mean that you are always expected to follow legal and organisational standards, to ask questions if you are unsure, and report problems, concerns or mistakes immediately.

It is never your duty of care to act outside of your role, even in an emergency. You must notify the right person if you have any difficulty working within the policy.

## Relevant healthcare legislation

Each state and territory has its own laws, legislation and regulations regarding the funding and provision of services, standards of care and rights for clients/consumers/patients requiring healthcare services. These reflect Commonwealth disability laws, aged care laws, anti-discrimination laws, the United Nations Charter of Human rights, and support worker laws.

It is important that you understand the laws that relate to your role in healthcare.

Some Commonwealth laws and standards that are related to the rights of people with disabilities and/or the aged include:

- *Commonwealth Disability Services Act 1986*
- UN Convention on the Rights of Persons with Disabilities 2007
- *Disability Discrimination Act 1992*
- *Aged Care Act 1997*
- *Age Discrimination Act 2004*
- *Disability Discrimination Act 1992*
- *Racial Discrimination Act 1975*
- *Sex Discrimination Act 1984*
- The Aged Care Quality Standards
- *Aged Care Quality and Safety Commission Act 2018*
- *National Disability Insurance Scheme (NDIS) Act 2013*
- National Standards For Disability Services (NSDS) 2014



## The Aged Care Act 1997

The *Aged Care Act 1997* (Cth) contains the laws that set out the rules for government-funded aged care. It sets out rules for aspects of aged care, such as:

- funding
- standards
- regulation
- quality of care
- approval of providers
- rights of people receiving care
- subsidies and fees
- non-compliance.

Source: [health.gov.au/health-topics/aged-support/about-aged-support/aged-support-laws-in-australia](http://health.gov.au/health-topics/aged-support/about-aged-support/aged-support-laws-in-australia)

## The Disability Services Act 1993

The *Disability Services Act 1993* provides for the funding and provision of disability services in accordance with certain principles and objectives.

State and territories have their own disability laws, for instance:

- Australian Capital Territory: *Disability Services Act 1991*
- New South Wales: *Disability Inclusion Act 2014*
- Northern Territory: *Disability Services Act 2012*
- Queensland: *Disability Services Act 2006*
- South Australia: *Disability Services Act 1993*
- Tasmania: *Disability Services Act 2011*
- Victoria: *Disability Services Act 2006*
- Western Australia: *Disability Services Act 1993*.

## Occupational health and safety (OHS) and workplace health and safety (WHS) laws and regulations

### Regulations

A set of rules made by a government or authority to control the way something is done.

### Code of practice

A document providing practical guidance on how to comply with duties in a workplace.

Safe Work Australia is an Australian government statutory body established in 2008 to develop national policy relating to WHS and workers' compensation. Safe Work Australia does not regulate WHS/OHS – this is done by each state/territory – but they oversee the development of relevant Commonwealth and state/territory Acts, **regulations** and **codes of practice**. Safe Work Australia does this through research and the development of model legislation and guides.

Commonwealth, state and territory OHS/WHS Acts and regulations	
<b>Commonwealth</b>	<ul style="list-style-type: none"> <li>• <i>Work Health and Safety Act 2011</i></li> <li>• <i>Work Health and Safety Regulations 2011</i></li> </ul>



Commonwealth, state and territory OHS/WHS Acts and regulations	
<b>ACT</b>	<ul style="list-style-type: none"> <li>• <i>Work Health and Safety Act 2011</i></li> <li>• <i>Work Health and Safety Regulation 2011</i></li> </ul>
<b>SafeWork NSW</b>	<ul style="list-style-type: none"> <li>• <i>Work Health and Safety Act 2011</i></li> </ul>
<b>Northern Territory WorkSafe</b>	<ul style="list-style-type: none"> <li>• <i>Work Health and Safety (National Uniform Legislation) Act 2011</i></li> <li>• <i>Work Health and Safety (National Uniform Legislation) Regulations 2011</i></li> </ul>
<b>Workplace Health and Safety Queensland</b>	<ul style="list-style-type: none"> <li>• <i>Work Health and Safety Act 2011 (Qld)</i></li> <li>• <i>Work Health and Safety Regulation 2011</i></li> </ul>
<b>WorkSafe Tasmania</b>	<ul style="list-style-type: none"> <li>• <i>Work Health and Safety Act 2012</i></li> <li>• <i>Work Health and Safety Regulations 2012</i></li> </ul>
<b>WorkSafe Western Australia</b>	<ul style="list-style-type: none"> <li>• <i>The Occupational Safety and Health Act 1984</i></li> <li>• <i>The Occupational Safety and Health Regulations 1996</i></li> </ul>
<b>WorkSafe Victoria</b>	<ul style="list-style-type: none"> <li>• <i>The Occupational Health and Safety Act 2004</i></li> <li>• <i>Occupational Health and Safety Regulations 2017</i></li> <li>• <i>Occupational Health and Safety and Other Legislation Amendment Act 2021</i></li> </ul>

The purpose of these Acts, regulations and the corresponding codes of practice, is to define, monitor, promote and guide the provision for health and safety in relation to workplaces, hazards, and activities in workplaces. They also cover the compensation for injuries through workplace incidents and accidents.

Every worker is expected to understand their rights and obligations under their state/territory laws and regulations to ensure that they, their peers and the public are kept safe.

Safety topics covered by these laws that relate especially to healthcare workers include:

- bullying
- **personal protective equipment (PPE)**
- manual handling
- occupational violence and aggression
- coronavirus (COVID-19)
- fatigue in the workplace
- infectious diseases
- mental health
- work-related stress

Read more and access state and territory information here: [aspirelr.link/swa](https://aspirelr.link/swa)

#### Personal protective equipment (PPE)

Pieces of clothing and equipment that are designed to protect the human body from physical, chemical or biological hazards.

## National Safety and Quality Health Service (NSQHS) Standards

The Australian Commission on Safety and Quality in Healthcare (the Commission) is a government agency that leads and coordinates improvements in safety and quality in healthcare across Australia.

The Commission aims to provide a health system that is informed, supported and organised to deliver safe and high-quality healthcare that contributes to:

- better experiences for patients and consumers
- better health outcomes for the population
- improved productivity
- greater sustainability.

The Commission develops and supports national safety and clinical standards; formulates and implements national accreditation schemes; and develops national health-related data sets.

### National Safety and Quality Health Service Standards

A set of standards that provide a nationally consistent statement of the level of support consumers can expect from health service organisations.

The **National Safety and Quality Health Service Standards** were developed by the Australian Commission on Safety and Quality in Healthcare in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients, and support workers. The primary aims of the NSQHS Standards are:

- to protect the public from harm
- to improve the quality of health service provision.

The NSQHS Standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

The eight standards are:

- clinical governance
- partnering with consumers
- preventing and controlling healthcare-associated infections
- medication safety
- comprehensive support
- communicating for safety
- blood management
- recognising and responding to acute deterioration.



The three standards that particularly relate to providing assistance with medications (although they are all important in guiding your work) are:

#### preventing and controlling healthcare-associated infections

The intentions of this standard are:

- to reduce the risk to patients, consumers and members of the workforce of acquiring preventable infections
- to effectively manage infections, if they occur
- to prevent and contain antimicrobial resistance
- to promote appropriate prescribing and use of antimicrobials as part of antimicrobial stewardship
- to promote the appropriate and sustainable use of infection prevention and control resources.

#### communicating for safety

The intention of this standard is to ensure timely, purpose-driven, and effective communication and documentation that provide continuous, coordinated and safe support for patients.

This includes all forms of documentation including verbal, electronic and paper-based communication, as well as the correct identification of the clients/patients in all healthcare settings.

#### medication safety

The intention of this standard is to ensure clinicians are competent to safely prescribe, dispense and administer appropriate medicines and to monitor medicine use. It is also to ensure consumers are informed about medicines and understand their individual medicine needs and risks.

The National Safety and Quality Primary and Community Healthcare Standards were developed by the Australian Commission on Safety and Quality in Healthcare. You can view them here: [aspirelr.link/safety-quality-standards](https://aspirelr.link/safety-quality-standards)

## The Therapeutic Goods Act 1989

The *Therapeutic Goods Act 1989* sets out the legal requirements for the import, export, manufacture and supply of therapeutic goods in Australia. This includes who can prescribe and administer medications.

## Australian Standard for the Uniform Scheduling of Medicines and Poisons

Decisions regarding the classification of drugs and poisons are set out in the Schedules of the Poisons Standard, which are then included in the relevant legislation of the states and territories.

The names differ in each state and territory and as a group they are referred to as the *Drugs and Poisons Act*.

Drugs and Poisons Acts by state and territory	
ACT	<ul style="list-style-type: none"> <li>• <i>Medicines, Poisons and Therapeutic Goods Act 2008</i></li> </ul>
NSW	<ul style="list-style-type: none"> <li>• <i>Poisons and Therapeutic Goods Act 1966</i></li> <li>• <i>Poisons and Therapeutic Goods Regulation 2008</i></li> </ul>
NT	<ul style="list-style-type: none"> <li>• <i>Medicines, Poisons and Therapeutic Goods Act 2012</i></li> <li>• <i>Medicines, Poisons and Therapeutic Goods Regulations 2014</i></li> </ul>
QLD	<ul style="list-style-type: none"> <li>• <i>Medicines and Poisons Bill 2019</i></li> <li>• <i>Therapeutic Goods Act 2019</i></li> </ul>
SA	<ul style="list-style-type: none"> <li>• <i>Controlled Substances Act 1984</i></li> <li>• <i>Controlled Substances (Poisons) Regulations 2011</i></li> </ul>
TAS	<ul style="list-style-type: none"> <li>• <i>Poisons Act 1971</i></li> <li>• <i>Poisons Regulations 2018</i></li> </ul>
VIC	<ul style="list-style-type: none"> <li>• <i>Drugs, Poisons and Controlled Substances Act 1981</i></li> <li>• <i>Drugs, Poisons and Controlled Substances Regulations 2017</i></li> </ul>
WA	<ul style="list-style-type: none"> <li>• <i>Medicines and Poisons Act 2014</i></li> <li>• <i>Medicines and Poisons Regulations 2016</i></li> </ul>

## Codes of conduct

The goal of the *Health Practitioner Regulation National Law Act 2009* was to create a national agency, The Australian Health Practitioner Regulation Agency (AHPRA), that oversees the registration and accreditation of 15 National Boards in Healthcare. Each of the professions under AHPRA define the parameters of practice for the safe prescribing and dispensing of medications. Each of the 15 National Boards have codes of conduct and scope of practice defined within the national board specific to the profession.

The 15 National Boards under AHPRA	
Aboriginal and Torres Strait Islander Health Practice Board of Australia	Optometry Board of Australia
Chinese Medicine Board of Australia	Osteopathy Board of Australia
Chiropractic Board of Australia	Paramedicine Board of Australia
Dental Board of Australia	Pharmacy Board of Australia
Medical Board of Australia	Physiotherapy Board of Australia
Medical Radiation Practice Board of Australia	Podiatry Board of Australia



### The 15 National Boards under AHPRA

Nursing and Midwifery Board of Australia	Psychology Board of Australia
Occupational Therapy Board of Australia	

While codes of practice related to medication administration tend to apply to registered health professionals such as doctors, nurses and pharmacists rather than to support workers, it is helpful to understand the limits and responsibilities of the professionals who supervise you. For example, registered nurses must only delegate medication duties to a person who they feel can carry out the role safely.

This is clearly stated in the Nurses Standards of Practice where it states that:

The standards clearly indicate the standard of practice expected of an RN [registered nurse] in relation to accountability, delegation and supervision. It is essential that the standards, and the definitions taken from the glossary in the standards as provided below, are read in conjunction with NMBA standards, codes and guidelines.

Source: [nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx](https://nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx)

This means that if an RN asks you to do a task, such as to assist with medication administration, they are the one responsible for the client/patient and are responsible for ensuring that you are working within your scope of practice. Nurses are accountable for their decisions, actions and behaviours, and the responsibilities that are inherent in their nursing roles, including documentation. **Accountability** cannot be delegated.

RNs often **delegate** tasks to colleagues in the workplace, such as enrolled nurses, student nurses and support workers. The RN who delegates the activity remains accountable for that decision, as well as for monitoring the level of performance by the other person and evaluating the outcomes of what has been delegated.

Both parties share the responsibility of making the delegation decision, which includes assessment of the risks and the capability of the person asked to perform the task. In some instances, delegation may be preceded by teaching and competence assessment.

Source: [nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx](https://nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx)

**Accountability**  
Being responsible for one's actions.

**Delegate**  
To entrust a task or responsibility to another person.

## National Code of Conduct for healthcare workers

Even though there are no specific laws that regulate healthcare workers assisting with medication administration at a national level, there is a National Code of

Conduct for healthcare workers who are not registered, such as support workers and disability support workers. The code of conduct outlines healthcare workers' obligations as follows:

1. To provide services in a safe and ethical manner
2. To obtain consent
3. To maintain appropriate conduct in relation to treatment advice
4. To report concerns about the conduct of other healthcare workers
5. To take appropriate action in response to adverse events
6. To adopt standard precautions for infection control
7. To practise in a way that does not put others at risk when they have an infectious medical condition
8. Not to make claims to cure certain serious illnesses
9. Not to misinform their clients
10. Not to practise under the influence of alcohol or unlawful substances
11. Not to practise if they have certain mental or physical impairments
12. Not to financially exploit clients
13. Not to engage in sexual misconduct
14. To comply with relevant privacy laws
15. To keep appropriate records
16. To be covered by appropriate insurance
17. To display the code and other information

You can access the full document here: [aspirelr.link/national-code-of-conduct](https://aspirelr.link/national-code-of-conduct)

## Workplace policies and procedures

All community services, residential and healthcare providers are governed by strict laws relating to medication supply, distribution, storage, administration, delegation and reporting. These Acts, regulations and guidelines are in place to ensure that medication is always given to people correctly and safely. By understanding the rules

under which you operate, you can clearly identify what you can and cannot do when assisting with medication administration.

Organisational policies and procedures will reflect the legislation related to medication administration. This will include the safe supervision, delegation and documentation of assistance with medication administration, training and reporting requirements. A policy will outline the organisation's own requirements, processes and rules as well as the reporting and documentation requirements, if, for example, a client refuses their medication, if medications are missing or out of date, or if the dispensing device appears damaged or tampered with.

Procedures outline the way the organisation expects the laws to be followed, given its unique circumstances, such as staffing and resources, and the setting, such as home or residential care.

Every worker must be familiar with the policies and procedures of their workplace. Policies and procedures might be accessible in hard copy or from the staff intranet. If you can't locate the policies, ask someone to show you where they are kept.

An organisation's medication policy is likely to include:

- a list of the staff responsible for supervising, administering, and documenting medications in the organisation
- contingencies (or unexpected events) that must be reported and how this is to be done
- how to deliver medications, such as by using a dose aid
- limitations to various role, such as whether staff can administer injections, or take part in the count of Schedule 8 poisons.

Here are examples of the types of rules that may apply to support workers regarding the administration of medication.

- Support workers must complete the three-day, in-house training program prior to any assistance with medication.
- Support workers must always follow the care plan.
- Medication assistance must be recorded in progress notes.
- The person's nonadherence to the care plan must be reported and recorded.
- Support workers may only assist with medications via Webster Pak filled by the pharmacist.
- Support workers must never administer medication through injection or rectal or vaginal insertion.

Here is a sample of several procedural documents used in a service for assisting with medications can be found here: [aspirelr.link/nwss-amin-med](https://aspirelr.link/nwss-amin-med)



# Practice Task 1

## Question 1

Match each law/regulation to its definition/description.

<i>Therapeutic Goods Act 1989</i>	Outlines the legal requirements for the import, export, manufacture and supply of therapeutic goods in Australia. This includes who can prescribe and administer medications.
Australian Standard for the Uniform Scheduling of Medicines and Poisons	Covers government-funded aged care. It sets out rules regarding funding, regulation, approval of providers, quality of care and the rights of people receiving care.
Health Practitioner Regulation National Law 2009	An Act to provide for the funding and provision of disability services.
<i>Aged Care Act 1997</i>	A national registration and accreditation scheme defining regulations and scope of practice for registered health practitioners.
<i>Disability Services Act 1993</i>	A classification of drugs and poisons.

## Question 2

Each state/territory has their own OHS/WHs Acts based on guidance and research from Safe Work Australia. What is the OHS/WHs law and regulation that is relevant to where you live?

## Question 3

Each state and territory has their own disability legislation. What is the disability legislation that is relevant to where you live?



## Case study

Zubair is a new support worker at Peaceful Pines Aged Care Home and has been told that as part of his induction he must do a two-day workshop on assisting with medications before he is allowed to include this task as part of his role.

Zubair tells his peers that he doesn't need to do the workshop because he has just completed a certificate in disability support and already knows how to assist with medications. Mandeep is Zubair's supervisor and a registered nurse.

### Question 4

Which of the following statements are correct regarding the administration of medication? Select yes or no for each one.

a. Zubair is not permitted to assist with medications until he has completed the two-day workshop.	Yes / No
b. Mandeep has the authority to allocate tasks to Zubair but he cannot do so until he has done the training required.	Yes / No
c. Zubair has a duty of care to assist the people he supports and should be allowed to assist with their medication.	Yes / No
d. Zubair would fail in his duty of care if he ignores the policies and procedures of the job.	Yes / No

### Question 5

Number the following steps from 1 to 5 in the order Zubair should follow to ensure he is fulfilling the responsibilities of his role.

	Notify Mandeep that he has completed the two-day workshop
	Read his position description to fully understand his role and responsibilities
	Assist with medications when requested by Mandeep
	Familiarise himself with the policies and procedures regarding assisting with medications
	Attend the two-day workshop and complete any assessments



**Question 6**

What is Zubair's duty of care to his clients regarding the administration of medications?

# 1B

## Identify workplace roles, responsibilities, accountabilities and reporting

### Support workers work in partnership with other health professionals.

In a workplace, roles and boundaries must be clearly defined. All personnel have specific responsibilities.

The line of authority refers to the different levels of responsibility held by people in an organisation. For example, because you have less knowledge about medications than a nurse, you will only be required to assist nurses administering them and must follow their instructions. Some services, such as residential aged care homes, will have many different professionals and workers responsible for the administration of medications. In home care settings or a disability service, you might need to be in phone contact with a supervisor to seek help.

Lines of authority that might exist are outlined here:

Professional role	Responsibilities
Doctor	<ul style="list-style-type: none"><li>• assessing the person's needs and prescribing medication type, dose and frequency, in writing</li><li>• reviewing medications when changes need to be made.</li></ul>
Pharmacist	<ul style="list-style-type: none"><li>• reviewing the doctor's order and alerting them to any discrepancies or drug interactions</li><li>• filling dose administration aids such as Webster Paks and seals in foil according to the doctor's order</li><li>• distributing medications and filled dose administration aids to services and homes</li><li>• providing information about drug side effects, warnings and interactions to staff and patients</li><li>• receiving and safely disposing of out-of-date, unused or completed courses of medicines.</li></ul>
Registered nurse	<ul style="list-style-type: none"><li>• completing and ensuring accuracy of documentation, such as times of day each medication is to be given</li><li>• supervising all medication administration and responding to incidents</li><li>• ensuring all policies relating to medication administration, storage, documentation are followed</li><li>• delegating medication administration to suitable qualified and competent staff</li></ul>



Professional role	Responsibilities
Registered nurse (cont.)	<ul style="list-style-type: none"><li>• contacting a doctor in case of concerns or side effects</li><li>• administering injections, Schedule 8 poisons (drugs of addiction) and other drugs only to be administered by a registered nurse.</li></ul>
Enrolled nurse	<ul style="list-style-type: none"><li>• taking some of the above responsibilities in the absence of a registered nurse (for instance, in a hostel)</li><li>• administering all forms of medications according to instructions and training</li><li>• documenting and reporting administration and problems or concerns.</li></ul>
Supervisor (community-based support)	<ul style="list-style-type: none"><li>• delegating tasks via a care plan, such as giving authority to a support worker to administer medication via a dose administration aid</li><li>• ensuring tasks comply with the organisation's policies and the law</li><li>• receiving reports and questions about concerns or incidents and clarifying information in person or by phone and responding accordingly.</li></ul>
Support worker with medication training	<ul style="list-style-type: none"><li>• following all instructions, policies, training and delegation in medication tasks</li><li>• reporting any problems or concerns</li><li>• reminding the person to take medications that are self-administered</li><li>• usually assisting with medications only via an approved dose administration aid.</li></ul>
Person receiving support services	<ul style="list-style-type: none"><li>• exercising their right to refuse medication, should they need to</li><li>• alerting staff to any side effects or problems with taking medication</li><li>• following instructions regarding safe storage of own medication.</li></ul>

## Understanding your scope of practice

### **Medication assistance is not the same as medication administration.**

Your scope of practice refers to what you are allowed to do, and what you are not. Medication assistance means observing and providing physical support where needed to help people take their prescribed medication themselves under the overall supervision of a healthcare professional.



Medication policies vary in different organisations, and it is likely that any new workplace will ensure that you are trained in their own specific procedures and medication equipment. It is very important to remember that each workplace will have different expectations of you regarding assisting with medication. However, there are regulations that apply to all workplaces. One of these is that your workplace must ensure you are appropriately trained and confident in medication assistance.

Your responsibility	Explanation
<b>Understand your role</b>	Assisting a person to take their medications comes with responsibilities to proceed only when you understand fully and feel confident to follow the organisation's guidelines and training. You must first be trained and assessed as competent before assisting with medication. It is very important to know what you are not permitted to do, and when to ask for help or confirmation.
<b>Know your limitations</b>	No one expects you to be a doctor or nurse. Remember, you will not be required to understand everything about the medications themselves, their side effects or their specific actions. You must never give injections or administer medication without an order, although you may be trained to help with oral medications such as tablets or capsules from a prepared dose administration aid.
<b>Ask for help when unsure</b>	There will always be support available to you, along with clear policies and guidelines that are safe when followed correctly. It is your responsibility to question any instruction that seems unclear, inappropriate or unreasonable. You should always ask questions of a senior member of staff if anything seems unusual, different, or concerning about the person or their medication orders.
<b>Learn about the medications</b>	The more you understand about the medications that you are assisting with, the safer you and your client/patient will be. You must understand some medical terminology related to medications. Example: the medication order says sublingual and you know that this means placed under tongue, not immediately swallowed.
<b>Understand where and when to document your actions</b>	Understand what documentation you are required to complete so that you are legally and professionally safe and if something goes wrong you don't have to try to remember what happened because you have documented it. Example: if a patient has a fall because they refused their blood pressure tablets you have documented that they have refused medications in the medication administration record/chart, the progress notes and the care/support plan.

## Identify your role

Your supervisor is usually the best person to go to with any specific questions and concerns about your role and how to perform it.

Special instructions can sometimes be provided on packaged medications such as creams, liquids and aerosols. You are unlikely to be helping with oral medications (such as tablets and capsules) taken straight from the bottle. These will be pre-packaged, and instructions will be written on the dose administration aid or medication administration record/chart.

Here is an outline of your responsibilities around medication assistance:

Responsibilities	Explanation
Ethical conduct	<ul style="list-style-type: none"> <li>• Only perform tasks that you are given authority to do.</li> <li>• Report and record instances where the person refuses to take medication.</li> <li>• Provide the person with choice and control; do not force people to take medication against their will.</li> </ul>
Check documentation to confirm the person's needs and abilities	<ul style="list-style-type: none"> <li>• Read the medication administration record/chart.</li> <li>• Find out about and monitor the person's ability to:                             <ul style="list-style-type: none"> <li>- swallow tablets with liquids or soft foods</li> <li>- administer their own medications (being able to understand orders and open pill bottles)</li> <li>- report any side effects or problems to staff.</li> </ul> </li> <li>• Do not assist in administering medication if the person has difficulty with any of the items above without seeking further advice from your supervisor.</li> </ul>
Remain within the scope of your role	<ul style="list-style-type: none"> <li>• Follow the instructions in the job description, the medication information provided by your supervisor and remain within the scope of your role.</li> <li>• If you do not understand the instructions or do not feel competent in carrying out the instructions, do not proceed.</li> </ul>
Follow communication and documentation protocols	<ul style="list-style-type: none"> <li>• Record the administering of medication in charts, file notes, progress notes, communication books and incident reports.</li> <li>• Provide information verbally during case conferences and other meetings.</li> </ul>
Be accountable	<ul style="list-style-type: none"> <li>• Ensure that the right person is given the right medicine, in the right dosage, at the right time, through the right route and with the right documentation completed.</li> <li>• Ensure that you account for all medication.</li> <li>• Report any concerns about the medications or changes in the person's behaviour, appearance, temperature, breathing and general wellbeing.</li> <li>• Follow WHS guidelines relating to infection control and waste disposal.</li> </ul>



## Roles and responsibilities

Information about your role, responsibilities and tasks you are required to do may be found:

- in the organisation's medication policies and procedures
- in specific training programs
- by speaking to your supervisor and watching others perform tasks, asking questions and observing closely
- by reading the medication administration record/chart, which is used to give clear and specific instructions about the person, time, frequency, dose, route and special considerations for each medication
- in your job description – note, however, that this can be overridden by the registered nurse in charge, who may/may not delegate the role of assisting with medications.

## Position descriptions

Aged care workers, disability support workers and other unregistered healthcare workers will have their responsibilities outlined in their position description (PD).

Have a look at this example of a position description for disability and residential support worker roles: [aspirelr.link/able-aus-com-sup-work-pos-desc](https://aspirelr.link/able-aus-com-sup-work-pos-desc)

### Video: Administering medications

Watch this video that outlines the role and responsibility of aged support workers in administering medications. It outlines the purpose of policies and procedures and the role of a supervisor:  
[aspirelr.link/yt-administering-medications](https://aspirelr.link/yt-administering-medications)



The discussion on hygiene and waste disposal will be discussed again in more detail in this topic.

## Example

### Identify lines of authority

Layla works in a residential disability service, supporting a group of four people with mild intellectual disabilities in their own home.

Zahara, who has Down syndrome, is one of the people who live in the house. She takes two tablets twice a day for high blood pressure. Zahara has been taking these tablets for many years and knows the routine.



Layla's role is to remind Zahara to take the tablets, and to ensure that she takes them from the right place in the dose administration aid, a heat-sealed blister pack.

On one particular night, Layla is worried because Zahara is refusing to take her tablets. Layla does not have a direct supervisor at the house, but she knows that if she has any concerns she must ring her supervisor, who is on-call via phone 24 hours a day.

If she has any urgent health concerns, she can ring Zahara's doctor or an ambulance. This information, along with updated phone numbers, is all listed in a place that Layla can access quickly.

## Practice Task 2

### Question 1

Which of the following people must follow the principle of duty of care when administering medication?

- Doctor
- Pharmacist
- Client
- Support worker
- Family member

### Question 2

Which of the following are actions that must be taken when a client won't take their medication? Select yes or no for each one.

a. Tell the client that they have no choice and they must take their medicine.	Yes / No
b. Report to your supervisor that the client has refused their medication.	Yes / No
c. Document that the client has refused their medication.	Yes / No
d. No action is required, as the nurse or supervisor will handle the situation when they can.	Yes / No

# 1C

## Confirm that medications and equipment are ready

**Basic medication terminology and abbreviations are used in care/support plans and by supervisors.**

Support workers must be able to accurately read, understand and interpret relevant medical/medication terminology and commonly accepted medication abbreviations used in the person's care.

### Common medication abbreviations

Abbreviation	Meaning	Abbreviation	Meaning
8 hrly	Every 8 hours	PRN	When required
4 hrly	Every 4 Hours	Stat	Immediately
TDS	Three times a day	6 hrly	Every 6 hours
Nocte	At night	QID	Four times a day
Mane	In the morning	BD	Twice a day
NEB	Nebulised	PO	Oral
PR	Per Rectum	Subling	Sublingual (under tongue)
Cap	Capsule	MDI	Metered dose inhaler
Inj	Injection	Pess	Pessary
Supp	Suppository	Tab	Tablet
g	Gram(s)	mg	Milligrams
L	Litre(s)	mL	Millilitres
Mcg	Micrograms	mmol	Millimole

You can read more about recommendations for terminology, abbreviations and symbols here:

- [aspirelr.link/medicine-terminology-recommendations](https://aspirelr.link/medicine-terminology-recommendations)
- [aspirelr.link/dep-health-glossary](https://aspirelr.link/dep-health-glossary)

## Prepare your equipment

Checking that the required equipment is clean and ready for use may include looking through the drug trolley to ensure all equipment – such as applicators, gloves, measuring cups, cotton wool, pill cutters and nebulisers – is fully stocked and clean. If a person self-administers their medication, check that required equipment is in a locked drawer by their bedside or room. This may include checking for the medication administration record/chart, gloves, and a pen, depending on the type of medication to be administered.

Here is a list of the types of equipment that might need to be collected, stocked and cleaned prior to use:

Medical equipment	Explanation
<p>Medication chart</p> 	<p>Medication charts (referred to as medication administration records in disability support) contain all necessary information about each person’s medications. Their purpose is to order medication, ensure that people receive the correct medication, provide instructions to the person administering the medications, and record that the medication has been given. They are important records that require you to sign or initial the time and date that each dose was given. You must have the medication chart in front of you while assisting with medication. It is never appropriate to prepare medications from memory.</p>
<p>Drug trolley</p> 	<p>A drug or medication trolley is used to take medication from room to room in a residential facility. Most drug trolleys contain lockable compartments containing medication charts, the medications themselves, (usually in dose administration aids) and necessary equipment. Locate the keys to open a cupboard or trolley where the medication is stored. Ensure that the trolley surfaces are clean prior to use, and that you have a clean rubbish bag with you, usually kept at the side of the trolley. Keep a pen on the trolley so that you can immediately sign the medication chart.</p>
<p>PPE (personal protective equipment)</p> 	<p>PPE such as disposable gloves is worn to apply topical treatments such as creams onto the skin, when you are potentially in contact with body fluids, such as saliva, and for use when cleaning up spills. They are usually kept in good supply on the drug trolley. It is important to ensure disposable gloves are easily accessible.</p>



Medical equipment	Explanation
<p><b>Spoons and cups</b></p> 	<ul style="list-style-type: none"> <li>• Spoons are sometimes used to deliver liquid medicines.</li> <li>• Medication cups (sometimes called Mickey cups) are used to take the medication from the drug trolley or dose administration aid to the person.</li> <li>• Larger cups can be used to give water to the person to swallow oral medication.</li> <li>• Water jugs can be filled to pour water for each person.</li> </ul>
<p><b>Speciality medication equipment</b></p> 	<ul style="list-style-type: none"> <li>• A pill crusher/mortar and pestle can be used to crush medication (when instructed).</li> <li>• A nebuliser can be used to add moisture or air to inhaled medication (such as Ventolin), and is usually kept with the person.</li> <li>• A spacer can be used to facilitate the administration of inhaled medication.</li> </ul>

The service where you work may require that you follow a procedure for double-checking your authority to proceed with assistance with medication. This may need to be clarified at the beginning of your work shift with a supervisor.

Checking that you are authorised to proceed with medication assistance
<input checked="" type="checkbox"/> Ensure that your training complies with the organisation's requirements for assistance with medication.
<input checked="" type="checkbox"/> Check your job description and/or work plan for instructions about medication assistance.
<input checked="" type="checkbox"/> Confirm with your supervisor or person in charge that you are required to assist with medication.
<input checked="" type="checkbox"/> Check with your supervisor if anything is unclear, such as the times that medications are given.
<input checked="" type="checkbox"/> Ask if there are any differences in procedures for that day, such as people who are fasting or out for the day.
<input checked="" type="checkbox"/> Check the care plans for each person for any updates.
<input checked="" type="checkbox"/> Follow additional instructions as they are given.



## Check medication is ready for distribution

Dose administration aids (DAA) must be complete, current, and ready to distribute at the right time of day. Check for any faults in the packaging of the DAA.

If a DAA is broken or tampered with, it should not be used. It should be returned to the pharmacy without delay. If you encounter any problems, you must not continue. Report it to your supervisor without delay. For example, if you notice the wrong name is on the pack or an unexpected number of tablets are included in each section you should report it to your supervisor.

Under no circumstances should a support worker add any tablets to a DAA. Here are the steps to follow when checking the medication:

Check medication is ready for distribution
<input checked="" type="checkbox"/> Check that the DAA has been supplied, filled and not tampered with.
<input checked="" type="checkbox"/> Ensure that the DAA is current, with the correct set of dates filled.
<input checked="" type="checkbox"/> Confirm the previous dose has been taken by looking through the person's care notes. If a tablet has been missed, you need to notify your supervisor immediately.
<input checked="" type="checkbox"/> Make sure the medication has not passed its use-by date or spoiled. If the date has passed, the medication may no longer be effective. It could be potentially dangerous for a person to take medication that has passed its use-by date.
<input checked="" type="checkbox"/> Look for signs that the medication might have spoiled, such as a change in the medication's colour. Medication instructions may tell you what colour liquid the medication is supposed to be. If you are unsure, ask your supervisor.

## Check the medication is correct

To make sure the medication is correct you need to confirm the type of medication and that it matches the description and instructions in the documentation. The following table outlines ways you can check the medication is correct.

Confirm medication type
<ul style="list-style-type: none"><li>• Confirm the type of medication the person is to use (capsules, eardrops, eye drops, inhalants, liquid, lotion or cream, nose drops, patches, powder, tablets or wafers).</li><li>• Note that medication may include medicines prescribed by a doctor as well as non-prescribed medicines that can be bought over-the-counter (for example, cough mixtures, painkillers and antihistamines).</li><li>• Medication could also include complementary treatment such as herbal medicines, homeopathic medicines, health food supplements and nutritional supplements.</li></ul>



### Confirm instructions

- You need to be sure the medication to be given matches what is written on any documentation supplied.
- Check the instructions that have been given to the person. The name of the medication and the administration instructions will be printed on the label of the medication and on the person's medication care chart. You will have been given this information by your supervisor.
- Remember to check the person's name on the label or the dose administration aid.

### Check labels

- The label must be legible and clearly indicate:
  - the name of the person and the name of the medication
  - the strength and the dose to be taken
  - the route by which the medication should be administered (i.e., orally, topically)
  - times at which it should be taken.

## Example

### Assisting with medications safely

The Bendy Tree Residential Home is a 46-bed aged support residential facility. Below is an excerpt from its policy on the administration of medications:

- Trained support workers may be permitted to assist with medication administration via a dose administration aid.
- A roll of medication sachets for each person requiring medication hangs on the wall of the lockable treatment room. The sachets have perforated edges from where they are ripped off from the remainder of the roll when medication is due.
- The sachets clearly detail the name of the person and the day and time that the particular dose is due.
- The sachets are filled and stocked each week by Friendly's pharmacy.
- Support workers must first check the medication administration record/chart, select the correct sachet and count the number of tablets in the sachet.
- Support workers must document in the medication administration record/chart either that the medication was taken or refused.
- If the packaging is damaged, missing medications or has too many medications, the support worker must document this on the medication administration record/chart and in the progress notes, and report it to their supervisor/nurse in charge as soon as possible.



## Confirm with supervisor the authority to proceed

Make sure that you are delegated the role of assisting with medications by your supervisor/nurse in charge. There may be reasons for not being delegated this task, even if you have done it many times before. This could be because:

- the condition of the person has changed/deteriorated and they need their medications administered by an enrolled or registered nurse
- the enrolled nurse or registered nurse is not familiar with your skills, knowledge or training and does not feel comfortable delegating
- the client is unsure of their medications as they have changed and requires more assistance than you can offer
- a medication has been added that is not in your scope of practice or training e.g., an injection.

Do not be offended if you are not delegated this task. Ask for clarification if you need to but remember that the supervisor is responsible for the delegation of support.

### Example

#### Medication decisions

Abdul has been assisting with medications for Mr Patel for several years and asks the nurse in charge at the beginning of his shift whether this task will be required of him this particular day. Today, the role has been delegated to Betsy, the enrolled nurse. Abdul understands that the nurse has the right to make this decision, and he does not question her authority.



## Practice Task 3

### Question 1

Match each term to its definition/description.

nebuliser	Paper or plastic containers with easy-to-read measurements in millilitres
progress notes	A tool internal staff members use to communicate the client's current status; they are official evidence of the delivery of services
PPE	A communication tool used by doctors, nurses, pharmacists and other health professionals to direct how and when drugs are to be administered and as a record of their administration
measuring cups	A sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule
dose administration aid (DAA)	Clothing or equipment such as gloves, aprons or face masks used or worn to minimise risk to worker health and safety
medication administration record/chart	Equipment used to add air and/or moisture to inhaled medication (such as Ventolin), and usually kept with the person

### Question 2

Which of the following medications can a support worker assist a client with, given the proper permissions? Tick all that apply.

- Tablets, pills, capsules
- Nebulisers, inhalers
- Subcutaneous injections
- Creams, ointments
- Suppositories, pessaries
- Liquid medications



Refer to the previous example, *Medication decisions*, to answer the following question.

**Question 3**

Which of the following are possible reasons that the nurse in charge has delegated the task of medication administration to Betsy?

- The nurse in charge likes Betsy more.
- Mr Patel's condition has changed and injections have been added to his medication chart.
- It is in Betsy's scope of practice to administer injections and not in Abduls' scope of practice.
- The nurse in charge delegates different staff on different days to be fair to everyone.

**Question 4**

Which of the following statements are correct regarding your role in assisting with medication administration? Tick all that apply.

- You must follow the policies and procedures of the facility regarding medication assistance.
- You must follow the instructions of your supervisor/registered nurse regarding medication assistance.
- If you are not trained to assist with medications according to the facility procedure, but are instructed to by the supervisor, you must do what you are told.
- If you don't understand the instructions, you must ask your supervisor for further instruction.

# 1D

## Follow infection control procedures

**When handling medication, you must ensure that both you and the person taking the medication follow personal hygiene procedures.**

You must maintain a clean, hygienic environment to prevent infections from spreading. This includes cleaning and storing equipment and medication to prevent damage and misuse. Infection is spread through microorganisms, such as bacteria and viruses, which can be present in a person's saliva or other body fluids, and even in aerosol particles the person breathes out.

Your workplace policies will provide you with information about workplace-specific requirements. All workplaces have strict guidelines for work health and safety developed from the *Work Health and Safety Act 2011* (Cth). The law explains what an employer and employee must do to keep their workplace safe and hygienic. The regulations are enforceable, which means that if they are not followed, employers and employees can be fined.

### Follow infection control procedures

To prevent infections spreading, it is important to follow guidelines that are set out in the work health and safety policies and procedures in your workplace. The risk of infection or cross-contamination is significantly reduced when medication is administered in a clean environment. Strict hygiene procedures must be followed where there is an increased risk present, such as an open or weeping skin wound.

The National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) offers a comprehensive guide to infection prevention and control in healthcare:

[aspirelr.link/nhmrc-infection-control-guidelines](https://www.aspirelr.link/nhmrc-infection-control-guidelines)

The main points of this resource are summarised in the table below. Since the emergence of COVID-19 the emphasis on prevention of infection has moved from the healthcare environment to all aspects of life. It is better understood how safe hygiene practices help to protect everyone in Australia. Infection control has always been important with those who are vulnerable due to compromised health status, such as older people and people with disabilities.

Infection control/prevention	Explanation
Hand hygiene	The first and most simple way to prevent the spread or introduction of infective agents is hand hygiene, whether using alcohol rub or soap and water.
Management of sharps, medical devices and medication vials	To ensure that the skin remains intact (therefore not creating a breach to allow infection to enter) it is important to ensure sharp objects are used, collected and disposed of correctly.
Routine management of the physical environment	The physical environment should be cleaned and tidied to prevent microbes growing, reduce the risk of trips and falls, and lessen the risk of contamination.
Using the aseptic technique	This method is used when the hands need to be completely free of microbes when attending to wounds or handling equipment that enters the body.
Personal protective equipment (PPE)	Gloves, aprons, masks and goggles are designed to protect both the wearer and the client from sharing 'bugs'.
Risk management	Knowing the individual needs of the clients and understanding their specific risks (e.g., compromised immune system, poor skin integrity) helps you to avoid potential risks.
Health status screening and immunisation	Understanding that immunisation (COVID-19 or flu vaccinations) can prevent transmission of disease to vulnerable clients.
Education and training	Infection prevention is everybody's responsibility. Training and education for healthcare workers, clients and their families can ensure that correct infection control measures are utilised.

Hand Hygiene Australia offers online modules that many services require their staff to attend as a part of their professional development and mandatory annual competencies. These courses cover when, how, how often and why hand hygiene is an essential everyday work practice.

Although much of the information relates to hospital/residential care, it can be applied to support workers in a range of workplace settings.

Go to [aspirelr.link/hha](https://aspirelr.link/hha) and complete your hand hygiene course.

**Video: Hand hygiene**  
 Watch this video to learn how to wash your hands with soap and water:  
[aspirelr.link/yt-soap-and-water-hand](https://aspirelr.link/yt-soap-and-water-hand)





**Standard precautions** are those that are taken for every person, in every setting, by every staff member. Standard precautions are adequate protection when assisting most people with medications.

Additional (transmission-based) precautions are used when there is a reason to add an additional layer of protection for yourself or others, such as when certain infections, e.g., gastroenteritis, hepatitis or COVID-19, are known or suspected to be present.

**Standard precautions**  
The work practices required to achieve a basic level of infection prevention and control.

Here is more information about precautions that should be taken:

Standard precautions
<p>The following precautions should be taken regularly:</p> <ul style="list-style-type: none"> <li>• Wash hands between significant contact with people you support, such as at the start and end of assisting a person with medications.</li> <li>• Use hand sanitisers before and after each contact with the person if hands are not visibly soiled.</li> <li>• Always wear gloves when in potential contact with body fluids, such as saliva, vomit, blood and when applying creams or lotions.</li> <li>• Dispose of non-infectious waste in general waste bins, and waste that contains body fluids in infectious waste (yellow) containers.</li> </ul>
Additional (transmission-based) precautions
<p>The following precautions should be taken, if appropriate:</p> <ul style="list-style-type: none"> <li>• continued implementation of standard precautions</li> <li>• appropriate use of PPE, including gloves, apron or gowns, surgical masks or P2 respirators, and protective eyewear</li> <li>• patient-dedicated equipment</li> <li>• allocation of single rooms or cohorting of patients</li> <li>• appropriate air-handling protocols</li> <li>• enhanced cleaning and disinfecting of the patient environment</li> <li>• restricted transfer of patients within and between facilities.</li> </ul>

## Personal protective equipment

PPE refers to anything used or worn to minimise risk to workers' health and safety. This may include, but is not limited to:

- face masks
- gloves
- goggles.

Under WHS/OHS laws a worker who is provided with PPE by their business:

- must use or wear the PPE in accordance with any information, training or reasonable instruction provided by the workplace so far as they are reasonably able
- must not intentionally misuse or damage the PPE



- must inform the business of any damage, defect or need to clean or decontaminate any of the PPE if they become aware of it.

If the PPE is uncomfortable, does not fit properly or if you have an adverse reaction using it, you should consult your supervisor.

If a worker refuses to wear or use the PPE, the business can take action against them. A worker who does not wear or use PPE, or intentionally misuses or damages it, may face disciplinary action or even prosecution.

### Video: The use of PPE in COVID times

Watch and take some notes on these videos produced by the Australian Government about the type of PPE needed, and when it should be worn.

[aspirelr.link/using-ppe](https://aspirelr.link/using-ppe)

[aspirelr.link/ppe-aged-care](https://aspirelr.link/ppe-aged-care)

During the video you will see how the apron, mask and gloves should be worn to ensure the safety of your clients. Obtain some PPE (apron, mask, glasses/goggles, gloves) and follow the instructions on how to wear it correctly and then remove and discard it.



Refer to the poster with procedures for caring for residents with COVID-19:

[aspirelr.link/ppe-covid19](https://aspirelr.link/ppe-covid19)

## Medication hygiene procedures

The organisation's policy will provide clear guidelines on how to ensure hygiene is maintained when handling medication.

### Hygiene practices to remember when assisting with medications

- Ensure the area is clean before commencing.
- Wash your hands or use hand sanitiser before direct contact with a person, before and after handling medication, and during clean-up.
- Ensure the person washes their hands before and after handling their own medication.
- Avoid touching medications, and wear gloves when applying liquid medication, cleaning blood or other body fluids, dealing with broken, dry or red skin or touching the mouth or eyes.
- Cover wounds and protect your own broken skin.
- Use clean equipment for each application. Clean equipment with hot, soapy water and a sterilising agent before and after it has been used.
- If equipment can't be appropriately cleaned, use items that can be discarded, such as disposable cups, spoons, tumblers and paper towels.



### Hygiene practices to remember when assisting with medications

- Wash all equipment after use, including bottles and tubes used to hold medication liquids and creams.
- Recap eye drops and eardrops immediately after use and store correctly. Dispose of contaminated waste products immediately.

## Practice Task 4

### Question 1

Number the following steps from 1 to 5 in the order you would follow to maintain the 5 moments of hand hygiene.

	After touching a patient's surroundings
	Before touching the client/patient
	After a procedure or body fluid exposure risk
	Before a procedure
	After touching the patient

Read the case study, then answer the question that follows.

### Case study

Sui Cho works in a residential home as a support assistant to four residents with disabilities. One of the residents is Pramila, a 24-year-old woman who is blind and also has an autoimmune disease, which means her body doesn't fight infections as easily as others.

When Sui Cho arrives at work Pramila tells her that her mother has tested positive for COVID-19 and so the house is a tier one infection site. All the residents are in home isolation.

Sui Cho has had both her vaccinations and a booster, and has additional PPE in the car.



**Question 2**

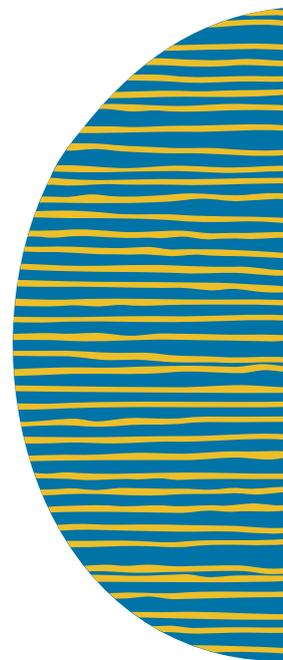
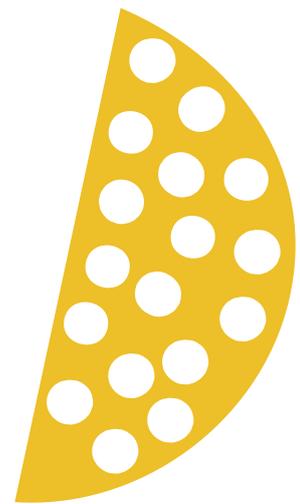
Which of the following statements are correct? Select yes or no for each one.

a. Sui Cho has already entered the house so it's too late to get the PPE from the car.	Yes / No
b. If Sui Cho is putting on gloves, gown and face shield she doesn't need to wash her hands.	Yes / No
c. An example of additional precaution would be to have dedicated equipment for each of the residents.	Yes / No
d. When Sui Cho is using additional precautions, she still needs to follow standard precautions.	Yes / No
e. Sui Cho should make sure she understands her organisation's policies and procedures related to infection control for COVID-19 as a part of her duty of care to clients.	Yes / No



## Summary

- Always stay within your scope of practice and assess your ability to assist with medications according to organisation guidelines and the regulations of your jurisdiction.
- Laws that must be followed in the healthcare industry include the *Aged Care Act 1997* (Cth) and the *Work Health and Safety Act 2011* (Cth).
- The *Therapeutic Goods Act 1989* sets out legal requirements for the import, export, manufacture, and supply of therapeutic goods in Australia. This includes who can prescribe and administer medications.
- Organisational policies and procedures reflect the legislation related to medication administration, including the safe supervision, delegation and documentation of assistance with medication administration.
- Organisational policies, procedures, job descriptions and care/support plans provide more information about roles and responsibilities of staff regarding the administration of medication.
- Support workers must be able to read, understand and interpret relevant medical terminology and commonly accepted abbreviations used in the person's care.
- Make sure that you are delegated the role of assisting with medications with your supervisor/nurse in charge.
- Prepare all equipment properly and carefully. Dose administration aids (DAA) are a common method for delivering medication.
- Personal hygiene procedures should always be followed to prevent cross-infection and to protect the wellbeing of all staff and people receiving support.
- Standard precautions should always be used and additional precautions should be used when required.





# Learning Checkpoint 1

## Prepare to assist with medication

### Part A

1. Match each Act, regulation or standard to its description.

<i>Disability Services Act 1993</i>	Standards of the level of care consumers can expect from health service organisations and their workforce
OHS/WHS Acts (for each state and territory)	The legal requirements for the import, export, manufacture and supply of therapeutic goods in Australia
<i>Therapeutic Goods Act 1989</i>	Legislation regarding the funding, regulation, approval of providers, quality of care and the rights of aged people receiving support
The Health Practitioner Regulation National Law 2009	Rules for the funding and provision of disability services
The National Safety and Quality Health Service (NSQHS) Standards	A national registration and accreditation scheme defining regulations and scope of practice for registered health practitioners
<i>Aged Care Act 1997</i>	Outlines the roles and responsibilities of organisations and their workers to ensure the safety of workers and the public and compensation when harm occurs
Australian Standard for the Uniform Scheduling of Medicines and Poisons	Australian classification of drugs and poison.

2. Provide at least one reason why it is the responsibility of every worker to follow their state or territory's OHS/WHS laws and regulations.



3. What is the name used for the Drugs and Poisons Act in your state or territory?

4. Disability Services Acts differ in each state and territory across Australia. Provide at least two examples of these Disability Acts.

5. Identify at least three features of the *Aged Care Act 1997*.

6. Which of the following need to be checked before assisting in the administration of medication? Tick all that apply.

- Check that the required equipment is clean and ready for use.
- Confirm with the person how much medication they need and when it should be taken.
- Check that the dose administration aid (DAA) has been supplied, filled and has not been tampered with.
- Check that the medication matches what is written on any documentation supplied, such as a medication chart.
- Confirm if another client's medication can be shared if the person's has run out.
- Confirm the day and time that the particular dose is due.



**7. Match each medical abbreviation to its definition.**

Supp
PRN
Stat
8 hrly
NEB
Cap

every 8 hours
nebulised
capsule
suppository
when required
immediately

## Part B

Read the case study, then answer the questions that follow.

### Case study

Abebe and Fatima are support workers in an NDIS-funded home support team. They have both completed training for the administration of medication and this was provided by their supervisor who ran a training session for all of the support workers.

The Khan family require daily visits as Mr and Mrs Khan both have health conditions that require support so they can continue to live in their own home. Mr and Mrs Khan have a 24-year-old son who lives at home with them who also requires assistance with his medication.

1. Briefly describe two actions Abebe and Fatima could take that would demonstrate that they are applying duty of care principles in their work with the Khan family.



- 2.** The son hates getting eye drops and refuses to let Fatima assist him with them. What steps should Fatima take when he refuses?

Mrs Khan requires ointment to be applied to her legs. Abebe has explained he will assist Mrs Khan to apply the ointment.

- 3.** Which of the following statements are correct? Select yes or no for each one.

a. Since Abebe will wear gloves for the procedure, she doesn't need to wash her hands.	Yes / No
b. Mrs Khan says she hates the feel of gloves and there is no open wound, so Abebe doesn't need to wear them.	Yes / No
c. Additional precautions would be needed if anyone in the Khan family had COVID-19.	Yes / No
d. If a worker doesn't want to wear PPE, they don't have to.	Yes / No

Mr Khan has a blister pack with his medication and Fatima notices that he has missed his night-time medications. Fatima mentions this to Mr Khan and he explains that he has trouble swallowing at night when he is tired.

- 4.** Briefly outline the steps Fatima should take.

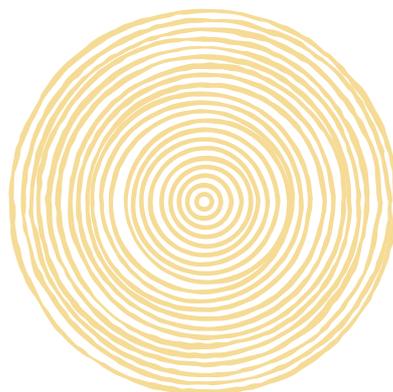


- 5.** Mrs Khan has asked Fatima to administer her insulin injection because she finds it hard to do. Should Fatima help Mrs Khan? Explain your answer.



## **Topic 2: Prepare the client for assistance with the administration of medication**

- 2A Understand the client's needs and the level of supervision required
- 2B Carry out the appropriate checks prior to assisting with medications



# 2A

## Understand the client's needs and the level of supervision required

**Allow the people you support to have as much independence as possible during the administration of medication.**

When preparing to assist with medications, make sure you refer to the appropriate documentation. These documents may include:

- the person's care plan (support plan)
- medication administration record/charts
- progress notes (used in aged care).

The person's individualised plan will indicate the person's preferences for medication such as:

- the person's swallowing ability and any assistance needed
- whether they take their meds with assistance
- whether they self-medicate.

Here is an example of a support plan template produced by the NDIS. It has a section for medication: [aspirelr.link/ndis-support-plan](https://aspirelr.link/ndis-support-plan)

The medication administration record is a record of medications administered and provides important information, such as:

- the client's name and preferred name
- the prescribing doctor's name
- any allergies or adverse drug reactions that they may have experienced.

The medication record also outlines additional information to support the delivery of medicines safely and correctly, for example:

- 'the resident has difficulty swallowing'
- 'place medicines on spoon and place in mouth'
- 'don't rush the client and speak loudly as he is hearing impaired'.

There are several guides that outline who is authorised to access medication and use medication charts. These include:



*The National Residential Medication Chart User Guide for Nursing and Support Staff*, published by the Australian Commission on Safety and Quality in Health Support (2021). This focuses on nursing staff working in residential aged care facilities.

The Australia Pharmaceutical Advisory Council, funded by the Australian Government Department of Health and Ageing, have a document called, *Guiding Principles for Medication Management in the Community*.

You can download copies of these documents here: [aspirelr.link/med-chart](https://aspirelr.link/med-chart)

## Level and type of supervision required by the client

Depending on the client's needs and the policies, procedures and authority lines of the organisation, there are different ways you may supervise and offer assistance. Here are some examples:

- opening the bottle or dose administration aid and counting the tablets
- using a cup or spoon to help put the tablets in the client's mouth
- measuring the amount of liquid medicine required
- assisting the client to drink liquid medicine.

When supervising someone self-medicating, make sure you remain with the person until the medication has been swallowed/taken/administered.

Examples of other types of support include getting the client physically ready to take their medications. This may include:

- ensuring they are sitting up straight by adjusting their pillows, footstools etc. to ensure they can swallow safely
- if necessary, ensuring they have their dentures in, and that the dentures are clean and well fitted so as not to impede swallowing
- ensuring that they can see their medications by getting their reading glasses or magnifying device, and making sure the room is well lit
- ensuring they have a fresh glass of water to wash medicine down or to swallow afterwards.



## Practice Task 5

### Case study

Siobhan has been working at Walhalla Aged Care for three years. She has been asked by her supervisor to assist with medications this morning.

Siobhan goes into the room of Luka, an 87-year-old man with poor hearing and eyesight, and says hello. When Luka does not respond, Siobhan looks closer and sees that he has not put in his hearing aids. She steps in front of him and gently taps his shoulder and hands him his hearing aids. When they are in place, she says hello again and introduces herself, explaining that she is there to assist him with his medications.

Luka says that he is grumpy because of a bad night's sleep. He complains of being awake a lot in the night. Luka's medications are in a blister pack and include 10mL of a liquid to treat heartburn.

### Question 1

Which of the following statements are correct? Select yes or no for each one.

a. Siobhan must check the personal details written in Luka's medication chart in preparation for the administration of his medication.	Yes / No
b. It is Siobhan's responsibility to take charge of Luka's medication, as Luka doesn't need to know what medication he is taking.	Yes / No
c. Luka needs assistance to push the pills out of the blister pack and measure out his heartburn medication. It is part of Siobhan's role to assist with both these tasks.	Yes / No
d. Siobhan notices that Luka has pills on his side table that appear to be his sleeping tablets and blood pressure tablets. Siobhan can add these pills to the morning pills and sign for them for the night before.	Yes / No



**Question 2**

Briefly outline the assistance Siobhan can provide to Luka to help him take his medication.

**Question 3**

Where would Siobhan find the information that outlines the assistance Luka needs?

# 2 B

## Carry out the appropriate checks prior to assisting with medications

**Whether in residential support or in the community, a regular or new face, the same steps are required when assisting with medications.**

After having checked the client’s medication administration record/chart and individualised support plan the next step is to communicate with your client. Correctly identify and greet each client, explain the administration procedures and prepare them to receive their medication.

Explaining the medication procedure means describing to the person how the medication will be taken. For instance, you might tell them that you are putting their tablets in a cup so they can take them with water, or you might say that they need to sit down in a chair with their feet up so you can apply an ointment to their feet.

When saying hello, make sure you introduce yourself. While engaging them in conversation, you can be observing your client to assess whether they are:

- coherent enough to take their medications
- feeling well enough to take their medications
- the same person written up on the medication chart, by checking the photo, using their name etc.

These observations may indicate that the client’s condition has changed. If so, you need to tell your supervisor and update the notes section of the person’s plan.

### Common forms of medications

In order to explain medication procedures to your client, you must first understand the medications you are assisting them with.

Medication types	Description	How they are administered	How they are stored
<b>Tablets</b> 	A tablet is made up of one or more powdered ingredients that are compressed to form a solid, smooth-coated pill that is taken orally.	Orally – with tablets preferably shaken into dispensing cup	In a cool, dry place out of direct sunlight, heat sources and high humidity



Medication types	Description	How they are administered	How they are stored
<p><b>Capsules</b></p> 	<p>A capsule is a solid form of medication in which the active ingredient is enclosed in a hard or soft soluble container, or 'shell', of a suitable form of gelatine that is taken orally.</p>	<p>Orally – with capsules preferably shaken into dispensing cup</p>	<p>In a cool, dry place out of direct sunlight, heat sources and high humidity</p>
<p><b>Liquids</b></p> 	<p>Liquid medicines include solutions, syrups and mixtures. They are commonly used when patients have difficulty swallowing solid medicines.</p>	<p>Orally – with liquid poured into a dispensing cup</p>	<p>Depends on medication – some at room temperature, some refrigerated</p>
<p><b>Wafers</b></p> 	<p>A wafer is a special type of tablet that dissolves in a few seconds when placed on the tongue. It is easier to swallow than an ordinary tablet.</p>	<p>Sublingually (under the tongue) – applied with gloves on</p>	<p>In a cool, dry place where the temperature stays below 25°C</p>
<p><b>Oral powders</b></p> 	<p>Oral powders are usually medications that are dissolved in water immediately prior to administration.</p>	<p>Instructions will indicate how much water these should be dissolved in</p>	<p>In a cool, dry place where the temperature stays below 25°C</p>
<p><b>Topical powders</b></p> 	<p>Topical powders can be used for many things, including as an antiseptic to treat or prevent infections in wounds such as ulcers, small burns or cuts, and other minor injuries.</p>	<p>Applied with gloves on – dosage is often indicated by words such as 'sparingly' or 'liberally'</p>	<p>In a cool, dry place, out of direct sunlight</p>

Medication types	Description	How they are administered	How they are stored
<p>Inhalers</p> 	<p>An inhaler is a pressurised canister (usually for respiratory medicine) in a plastic holder with a mouthpiece. When sprayed, it gives a reliable, consistent dose of medication.</p>	<p>Shake immediately prior to administration –dosage will instruct the number of ‘puffs’. Applied with gloves on.</p>	<p>In a cool, dry place, out of direct sunlight</p>
<p>Drops</p> 	<p>Drops are liquid medications that are a common method for administering drugs to the eyes or ears.</p>	<p>Applied with gloves on, with often a three-minute interval between different drops</p>	<p>In a cool, dry place or refrigerated</p>
<p>Creams, lotions, ointments</p> 	<p>Creams, lotions and ointments are medications administered onto the skin. In general, creams are better than ointments for treating oozing or wet skin conditions, such as eczema. Creams evaporate more quickly than ointments and thus heal these kinds of conditions faster. Ointments are thicker. Since they stay longer on your skin’s surface, they can add moisture to your skin and keep it hydrated. They are ideal to treat dry and scaly skin conditions.</p>	<p>Applied with gloves on – the dosage is often referred to ‘sparingly’ or ‘liberally’</p>	<p>Depends on medication – some at room temperature, some refrigerated</p>



Medication types	Description	How they are administered	How they are stored
<p>Patches</p> 	<p>A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.</p> <p>A heat patch is activated when the back is removed and the patch is applied to the skin releasing warmth to soothe.</p> <p>Hydrocolloid Patches are placed on wounds and act to absorb exudate and provide a moist environment for healing.</p>	<p>Applied with gloves on</p>	<p>In a cool dry place, out of direct sunlight</p>
<p>Rectal suppositories</p> 	<p>A suppository is a small, torpedo-shaped medication that is administered via the rectum. They melt with the body temperature and are more rapidly absorbed than oral medications.</p>	<p>Applied with gloves on – administered into the rectum with lubricant</p>	<p>In a cool, dark place, but not in the fridge unless specifically instructed</p>
<p>Pessaries</p> 	<p>A pessary, which is also a suppository, is a tablet or small torpedo-shaped medication to be administered into the vagina. They melt with the body temperature and are more rapidly absorbed than oral medications.</p>	<p>Applied with gloves on – administered into the vagina via an applicator</p>	<p>In a cool, dry place where the temperature stays below 25°C</p>

The Commonwealth Government website NPS Medicine Wise provides consumers with information on over the counter and prescription medicines. It has a search option where you can put in the ingredient or brand name and get information about that medication:

[aspirelr.link/nps-consumers](https://aspirelr.link/nps-consumers)

## Dose administration aids (DAAs)

To help ensure maximum safety of medication delivery, tablets and capsules can be organised into compartments by day and time that they are to be taken. This is done by a pharmacist, and the resulting heat-sealed pack is personalised for each client.

A dose administration aid (DAA) may also be referred to as a blister pack, Webster Pak (a brand name), or a medication sachet, depending on the type of system used. They are a safe and easy way to administer medication and are very commonly used in community services settings.

The DAA used depends on the dispensing pharmacy, the requirements of the person receiving support and organisational requirements. The regulations and legislation related to the use of DAAs may differ between states and territories. Check your workplace policies and procedures to confirm the requirements for using DAAs. In most workplaces, support workers are not permitted to administer medications from bottles or packs, only from DAAs. Here are some examples of different types of DAAs.

Dose administration aids	
<p><b>Dosette boxes</b></p> 	<p>The refillable plastic dosette box is divided into compartments labelled with days of the week and times to take the pills. Medicines for each day are placed in the box by a health professional, such as a nurse or pharmacist. A plastic sliding lid covers all the tablets, and they are removed at the time they need to be taken. Dosette boxes are not as safe or reliable as heat-sealed DAAs, as they can be changed or tampered with.</p>
<p><b>Blister packs</b></p> 	<p>A blister pack is prepared by a pharmacist and sealed with tamper-evident packaging. All tablets that need to be taken at a certain time are sealed together into a section of the pack. The back of each section lists the date and time they are to be taken, the number and description of the tablets in each bubble. When it is time to take the medication, the tablets are pushed through the foil into a medicine cup or the person's hand. It is immediately obvious if a pack has been tampered with because the foil will be broken.</p>
<p><b>Single dose sachets</b></p> 	<p>Single-dose sachets are also prepared by a pharmacist. They usually contain all the tablets and capsules required at a certain time of day. They are often kept together on individual rolls in a locked room for each person such as a treatment room. Each dose packet is ripped away from the roll just before it is administered.</p>



## Check individual client medications according to organisation procedures

Information on the assistance and type of supervision required will be clearly stated in position descriptions and in the policies and procedures of the workplace.

The Queensland Government has a published guide, *Guideline for Medication Assistance Residential Service Providers (Level 3 Services), 2018*. Its purpose is to:

- ensure the health and safety and basic freedoms of people living in residential services across Queensland who request assistance with their medication
- support service providers to develop policies and procedures, implement safe practices and minimise the risk of harm from inappropriate use of medication.

Appendix 6 includes information on ‘routes where assistance can be given’. It outlines the routes for different medications where assistance may be provided. The table below gives a summary of the guide.

You can read the guide in full here: [aspirelr.link/hpw-med-guide](https://aspirelr.link/hpw-med-guide)

Route of administration	Guidance notes to assist with the correct use of medication products
Oral medication	<p><b>Capsule, tablet or wafer</b></p> <ul style="list-style-type: none"> <li>• Medication in capsule or tablet form should not be split or crushed unless stated on the label or on the specific instruction of the medical practitioner or pharmacist. Serious adverse effects can result from the inappropriate splitting/crushing of capsules and tablets that are formulated to be swallowed whole.</li> <li>• If a resident is having difficulty swallowing tablets or capsules, contact the medical practitioner or pharmacist for advice. In some circumstances an alternative formulation or different medication may be needed. Speak to your supervisor if you have any concerns about a resident’s ability to swallow medication.</li> <li>• Staff should follow recommendations developed by health professionals such as speech pathologists, which support the resident to be able to swallow their medication safely.</li> </ul> <p><b>Liquid medication</b></p> <ul style="list-style-type: none"> <li>• Use a medication measure that is designed and marked specifically for liquid medication, and follow the specific directions for the product, for instance, regarding shaking the bottle prior to use.</li> </ul>



Route of administration	Guidance notes to assist with the correct use of medication products
<b>Topical medication</b>	<p><b>Medicated creams, ointments and lotions</b></p> <ul style="list-style-type: none"><li>• If applying topical medication, wear protective gloves. If additional medication is required from the container, do not use the same glove.</li><li>• Unless directions state otherwise, topical medications are applied thinly.</li></ul> <p><b>Skin patch medications (transdermal patches)</b></p> <ul style="list-style-type: none"><li>• A transdermal patch is a medicated adhesive pad placed on the skin to deliver a time-released dose of medication through the skin. Apply patches in strict accordance with directions.</li><li>• Ensure that any previous patch is removed prior to applying the new patch and observe the required patch-free period if applicable.</li><li>• Skin irritations or skin tears caused by the removal of a patch must be reported to the resident's medical practitioner for appropriate treatment.</li><li>• Document the location of the patch and write the date of application on the outer surface of the patch.</li><li>• The removed patch should be folded with the adhesive side inwards, wrapped or replaced in the original packaging and disposed of securely.</li></ul>
<b>Inhalation medication</b>	<ul style="list-style-type: none"><li>• Medications for respiratory and some nasal conditions are inhaled using a device called a metered dose inhaler, or MDI.</li><li>• There are different types of devices available (e.g., standard MDI, accuhaler, turbohaler, autohaler, breezhaler, spacer), each with a specific method for correct use.</li><li>• The resident's medical practitioner or pharmacist will decide which device is most appropriate and can provide education on the correct technique for the use and cleaning of the device.</li></ul>
<b>Nasal drops and sprays</b>	<ul style="list-style-type: none"><li>• Read the directions carefully before assisting with nasal drops or sprays and follow the specific method for use of nasal products.</li></ul>
<b>Eye drops/ ointment</b>	<ul style="list-style-type: none"><li>• Read the directions carefully before assisting with eye drops/ ointment and follow the specific method for use.</li><li>• If more than one kind of eye drop is required, wait at least five minutes between administering a different drop.</li><li>• Observe the recommended storage conditions and expiry date after opening (commonly 30 days).</li></ul>
<b>Ear drops</b>	<ul style="list-style-type: none"><li>• Read the directions carefully before assisting with ear drops and follow the specific method for use.</li><li>• If after using the medication, the resident's ear lobes become red, swollen or itchy, report this to the appropriate person. Observe the recommended storage conditions and expiry date after opening.</li></ul>



## Example

### Knowing your medications

Rebecca is a support worker working with a home help service that goes to people's homes and assists with their medication.

Tatiana is an older Romanian lady who Rebecca visits every evening. Tatiana's medication orders include a blister pack that contains tablets and capsules. She also needs ointment applied to her dry heels and a transdermal patch to help her stop smoking. Although Tatiana remembers to take her morning and afternoon medications, she needs assistance later in the evening as she forgets sometimes and also struggles to reach her heels to apply the ointment.

## Practice Task 6

### Question 1

Match each form of medication to its description.

patch	a hard, solid, smooth-coated pill that is taken orally, made from one or more compressed powdered ingredients
capsule	a special kind of tablet that dissolves in a few seconds when placed on or under the tongue
wafer	orally taken medication enclosed in a hard or soft soluble container made of a suitable form of gelatine
tablet	a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication

### Question 2

Match each term describing a form of medication to its description.

inhalant	a medication administered to the eyes or ears
liquid	a pressurised cannister in a plastic holder with a mouthpiece, administered orally by shaking the cannister
drops	a form of medication often used in patients who have difficulty swallowing tablets; administered from a dispensing cup



**Question 3**

Briefly outline the administration requirements for each of the following medications and how they should be stored.

- powders

- creams

- ointments

- suppositories



#### Question 4

Refer to the example 'Knowing your medications' above, in which Rebecca is a support worker assisting Tatiana. Suggest how Rebecca would introduce herself to Tatiana and explain the assistance she will be providing to Tatiana to help her with her medications.

## Check for physical or behavioural changes and report any concerns to your supervisor

**If you believe a client may be showing cognitive or physical changes, it may mean that it is not safe for them to have their medication.**

You will need to involve your supervisor, who will assess the situation and bring in other healthcare professionals, if necessary, in consultation with those involved in the client's support. An assessment may be carried out as part of a Home Medicine Review (HMR), Enhanced Primary Support (EPC) plan and/or Case Conference, or a self-administration assessment tool may be used.

If you observe that a client is having difficulty administering their medicines, alert your supervisor. The following table shows some of the changes to look out for.

Physical changes	Cognitive changes
<ul style="list-style-type: none"> <li>• reduced dexterity (ability to use the hands for fine tasks)</li> <li>• decreased eyesight</li> <li>• a new illness/ health issue</li> <li>• reduced ability to swallow</li> <li>• breathing difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• confusion</li> <li>• irritation</li> <li>• refusal to engage</li> <li>• decreased consciousness</li> </ul>

## Recognise circumstances where medication administration should not proceed

Clients who wish to manage their own medication regime must meet the criteria of the healthcare provider outlined in their medication administration policies and procedures. Service providers may regularly check the client's capacity to administer their own medication. If the client is capable, this will be documented in the client's file.

If you notice that the client does not seem able to self-administer or find circumstances in which the manufacturer's instructions cannot be followed, you must immediately notify your supervisor. These circumstances may include:

- the client being unable to swallow the medication
- the client having broken skin to which an ointment needs to be applied, and the manufacturer's instructions state that it must be applied to intact skin.

## Practice Task 7

Read the case study, then answer the questions that follow.

### Case study

Cossack is a support worker for a disability home support service and assists Benji, a 40-year-old man with Down syndrome. Benji lives independently but needs assistance with his new medication regime until he gets used to it.

Cossack's assistance is required with a new blister pack that holds tablets and wafers and moisturising cream for Benji's legs, where he has eczema.



**Question 1**

Briefly explain why Cossack should introduce himself and explain the process to Benji, even if they have completed the medication routine many times.

**Question 2**

Cossack notices that the wafers in Benji’s blister pack from the day before have not been taken. Benji says he can’t swallow them because they get stuck on his tongue. Cossack shows Benji a way to take the wafer sublingually (under the tongue) or says he can let it melt on top of his tongue. Why would Cossack report this to his supervisor and write it in Benji’s progress notes?



**Question 3**

When Cossack is about to apply the cream to Benji’s leg he notices that his legs have small broken areas where his pants have rubbed. Should Cossack continue to apply the cream or report to his supervisor before proceeding? Where would Cossack document this?

**Question 4**

Cossack notices that Benji has a night-time suppository added to his medication list. Is it part of his role to assist with the administration of a suppository? Suggest what Cossack should do.

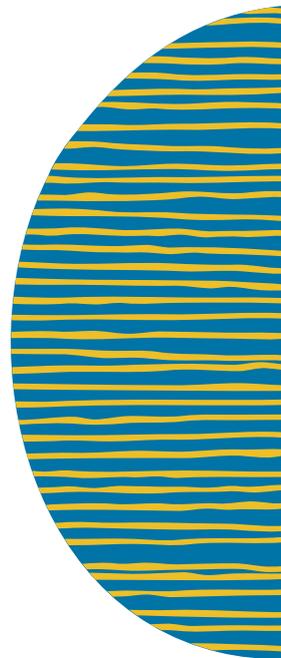
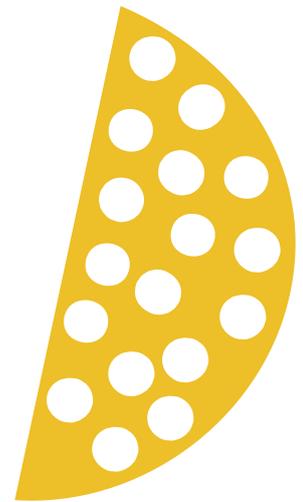
**Question 5**

Benji has been increasingly reluctant to take his medication and one day, refuses to let Cossack apply the eczema cream to his legs. Why is it important for Cossack to report this information to the supervisor?



## Summary

- Support your clients to maintain as much independence as possible during the administration of medication.
- When preparing to assist with medications, make sure you refer to the appropriate documentation.
- Depending on the client's needs, and the policies, procedures and authority lines of the organisation, there are different types of supervision and assistance you can offer.
- You need to have a good understanding of the different types of medications, how they are administered and stored, and what assistance the client requires.
- When supervising someone who is self-medicating, make sure you remain with the person until the medication has been swallowed/taken/administered.
- A dose administration aid (DAA) is a safe and easy way to administer medication.
- If you notice cognitive or physical changes in a client, it may mean that that it is not safe for them to have their medication. Consult with your supervisor.





## Learning Checkpoint 2

### Prepare the client for assistance with the administration of medication

#### Part A

1. Identify three places where you would find instructions regarding the specific assistance required by each client prior to assisting them with their medications.

2. The types of assistance you can offer will vary according to the needs of the client, staff training and the policies and procedures of the organisation.
  - a. List three ways you may be required to assist with giving the medications.

- b. List three ways you may be required to physically prepare a client for their medications.



**3.** Which of the following are appropriate ways to identify, greet and prepare a client for medication? Tick all that apply.

- Use clear communication such as, ‘Hello Mrs Smith, I’m Mary and I’m here to assist you with your medications’.
- Confirm their name by asking, ‘Mrs Smith, can I just confirm that your name is Mavis Smith?’
- Insist that the person stand before assisting them with their medication.
- Check that the photo in their file matches the person you are assisting.
- There’s no need to check the person if you know who they are.

**4.** Provide two ways you could check that you are using the correct medications.

**5.** In which of the following scenarios would you stop assisting with medications and seek advice from your supervisor? Select yes or no for each one (‘yes’ means you would stop and ask your supervisor).

a. Your client has diarrhoea and vomiting.	Yes / No
b. Your client seems confused and doesn’t respond to your greeting.	Yes / No
c. The client you have been directed to assist doesn’t match with the photo in the file.	Yes / No
d. The client has been out all day without medication. They want to take them four hours after the due time.	Yes / No



6. Complete the following table indicating the handling and storage requirements for each of the following forms of medication.

Form of medication	Administration requirements	Storage requirements
Drops		
Inhalants		
Liquids		
Tablets		
Capsules		
Lotions, creams, ointment		
Patches		
Powders		
Wafers		
Pessaries		
Suppositories		



## Part B

Read the case study, then answer the questions that follow.

### Case study

Temba is a 45-year-old man who recently became a left arm amputee following a car accident. Before the accident he was left-handed so is learning to do things with his right hand.

Frances is a support worker who visits Temba every morning to assist him with his personal care and medications.

Temba is on strong pain medication which means he is often still sleeping when Frances arrives. Sometimes he can be drowsy even after he has been up for a while and has had his shower and breakfast.

1. Suggest two ways Frances could find out how much assistance Temba requires to take his tablets.

2. List two ways that Temba might need assistance with his dose administration aid (DAA).



- 3.** Explain what Frances would say to Temba to identify him and prepare him with the assistance he requires to take his medications.

- 4.** Explain what Frances needs to check when she pushes the pills out of the blister pack into the medication cup.

- 5.** Suggest two ways Frances could assess whether Temba has any physical or behavioural changes she should report to the supervisor.

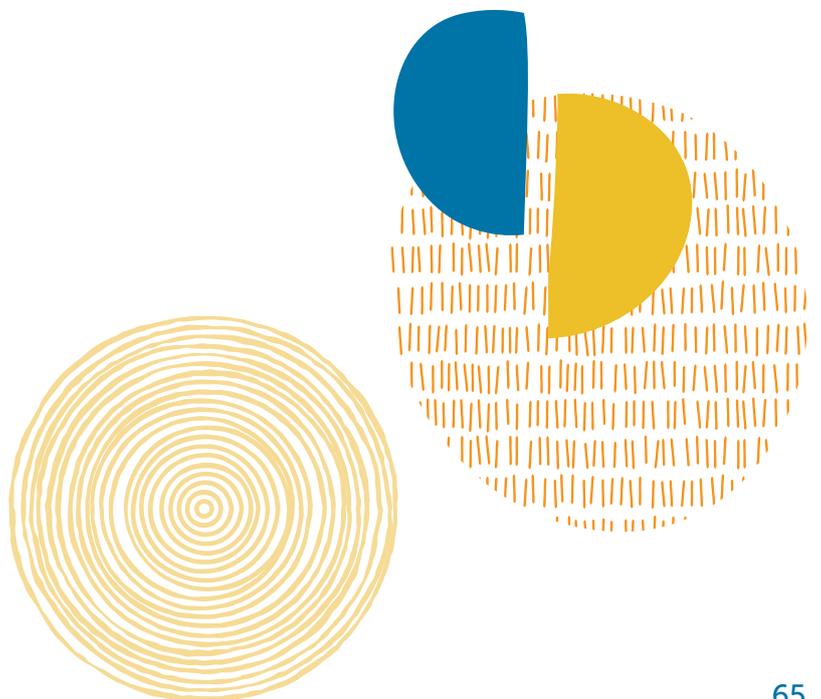
- 6.** Temba is moving very slowly, and his speech is slurred. He says that he couldn't get to sleep until the early hours of the morning because of the pain, so waking up is difficult. Suggest what Frances should do.



## **Topic 3: Support clients with administration of medication**

3A Follow documentation requirements

3B Know the 'rights' of assisting with medication



# 3A Follow documentation requirements

## **Documentation is an essential component of effective communication.**

When assisting with medications, you must know and fulfil the policies and procedures around documentation.

When information is undocumented or poorly documented, people are forced to rely on memory and the facts are less likely to be retained and communicated. This can result in misdiagnosis and harm. Health professionals rely on accurate information to make clinical decisions and to deliver safe, high-quality support.

Documentation can be paper-based, electronic or a mix of both. It can also take several forms, including medication administration record/charts, individualised support plans and progress notes already listed in this topic. Your reporting may be as simple as signing your initials and noting the time a medication was given in the right column of the administration document.

Medication records must be relevant, accurate, complete and up-to-date. They should:

- be clear, legible, concise, contemporaneous, progressive and accurate
- include information about assessments, action taken, outcomes, reassessment processes (if necessary), risks, complications and changes
- meet all necessary medico-legal requirements for documentation.

What, where and when you document medication assistance will depend, to some extent, on the policies and procedures of your employer (which must reflect the laws of the state or territory you are in). Your position description and the training you have had will also determine your role and responsibilities.

Regardless of who records information in the healthcare record, organisations need to ensure that their systems and processes for documentation meet high standards. Policies, procedures and training are designed to support employees to document information correctly. They provide information, such as:

- the roles and responsibilities of different people and expectations regarding documentation
- when documentation is required
- how to access the healthcare record and templates, checklists and other resources that support best-practice documentation.

You can read more about the National Safety and Quality Health Service (NSQHS) Standards including, *Communicating for Safety Standard* here: [aspirelr.link/nsqhs-standards](https://aspirelr.link/nsqhs-standards)

## National standard medication charts

Medication charts are used to communicate information consistently between clinicians on the intended use of medicines for an individual client.

A major initiative to improve the safe use of medicines in the healthcare field is the national standardisation of medicines management documentation.

You can look at some examples of medication charts used in residential support here: [aspirelr.link/national-residential-medication-chart](https://aspirelr.link/national-residential-medication-chart)

## Individualised support plans

An individualised support plan outlines a person's assessed support needs. It documents:

- the person's support needs, as well as their goals and preferences
- the services they will receive to meet those needs
- who will provide the services and when
- how involved the person will be in managing their package
- how often you will do formal reassessments.

Your organisation will have procedures in place to support the person and their support worker or family (if applicable) to develop a plan that meets their individual needs and goals. For example, the person may wish to reduce and ultimately eliminate their use of pain medication, or they may want to have their diabetes or blood pressure medication reviewed after losing weight or making adjustments to their diet.

Plans can be reviewed at any time, though they are often reviewed at a change in physical health, a cognitive or behaviour change or at least once every 12 months.

Source: [health.gov.au/initiatives-and-programs/home-support-packages-program/managing-home-support-packages/support-plans-for-home-support-packages](https://health.gov.au/initiatives-and-programs/home-support-packages-program/managing-home-support-packages/support-plans-for-home-support-packages)

Progress notes reflect a client's progress towards their goals, as identified in their individualised support plan. They provide a record of events that occur on each shift or visit and are an important communication tool for staff.

You can read some tips about writing effective progress notes here: [aspirelr.link/shift-support-progress-notes](https://aspirelr.link/shift-support-progress-notes)



## Procedures for when medication could not be administered or absorbed

There may be times when you need to record and report to your supervisor that a medication could not be given, was not absorbed or was unavailable.

When you sign the medication administration record/chart there will be a key that instructs you how to indicate this:

These letters must be circled so they are not confused with a signature or someone's initials.

For refused	For fasting	For withheld	For vomiting	For missed
R	F	W	V	M

Here are some examples of reportable instances or actions that must be documented:

Reportable instances/actions	Explanation/examples	Actions
<b>The client refuses their medication</b>	<p>A client has the right to refuse to take their medications. You should ask why and see if there is a remedy.</p> <p>Are they having trouble swallowing?</p> <p>Do they hate the taste? Can you get them a flavoured drink to follow up and remove the bad taste?</p> <p>Is there a new tablet and they want to know what it is for?</p> <p>Can you ring your supervisor and ask them to talk about the medication with the client?</p>	<p>Assess the client's emotional/mental state and whether they are confused or agitated.</p> <p>Report it to your supervisor immediately and document it on the medication administration record/chart and in progress notes.</p> <p>Watch for changes in health/behaviour and document them.</p>



Reportable instances/actions	Explanation/examples	Actions
<p>The medication is withheld</p>	<p>The client may be 'Nil By Mouth' as they are having a test or procedure that requires them to have an empty stomach.</p> <p>You may have assessed a change in their status that you want to report to your supervisor before continuing.</p>	<p>Report immediately to your supervisor and document on medication administration record/chart and in progress notes.</p> <p>Follow policies and procedures for incident reporting and notifying the doctor/pharmacist.</p> <p>Watch for changes in health/behaviour and document them.</p>
<p>The medication is incorrect</p>	<p>You may see that there are only three white tablets and the sheet says there should be a yellow one as well.</p> <p>The medication may be past its expiry date so cannot be given.</p>	<p>Report immediately to your supervisor and document on medication administration record/chart and in progress notes.</p> <p>Follow policies and procedures for incident reporting and notifying the doctor/pharmacist.</p> <p>Watch for changes in health/behaviour and document them.</p>
<p>The medication is not absorbed</p>	<p>The client vomits shortly after taking the medications so there is no way to know if they are still present in the body.</p>	<p>Report immediately to your supervisor and document on medication administration record/chart and in progress notes.</p> <p>Follow policies and procedures for incident reporting and notifying the doctor/pharmacist.</p> <p>Watch for changes in health/behaviour and document them.</p>



Reportable instances/actions	Explanation/examples	Actions
The medication is missed	<p>The client may have gone out for a day trip, and have not returned in time for their medications.</p> <p>You may forget to assist with medications as something urgent demanded your attention.</p> <p>The client may have pretended to take their medications, but you find them hidden under their pillow when they are in the bathroom.</p>	<p>Report immediately to your supervisor and document on medication administration record/chart and in progress notes.</p> <p>Follow policies and procedures for incident reporting and notifying the doctor/pharmacist.</p> <p>Watch for changes in health/behaviour and document.</p>

### Video: Assisting with medications

Watch this short video regarding assisting with medications:  
[aspirelr.link/assisting-with-medications](https://aspirelr.link/assisting-with-medications)

Make a list of at least five circumstances that need to be recorded, such as when the blister pack doesn't match the information in the medication administration record/chart.





## Practice Task 8

### Case study

Assi has just started working for a disability service that provides home assistance for children with disabilities. It is his first job since completing his certificate and he has completed medication training as part of his orientation.

Assi's first client is Xavier, a 15-year-old client with cystic fibrosis. Assi reads Xavier's individualised support plan before going to visit him.

Xavier's mum assists with his medications before and after her workday but Xavier needs assistance at lunchtime when his mum is at work. Xavier has his medication in a blister pack, as well as a nebuliser prescribed twice daily (morning and night), which his mum assists him with, and a nasal spray at lunchtime.

Assi makes sure the notes on Xavier's medication are kept up to date and his organisation uses a checklist on a tablet device that is linked to the service's database. This way information can be read and updated in real time.

#### Question 1

List the information Assi must record in the database about Xavier's medication.

#### Question 2

How would Assi indicate on Xavier's medication administration record/chart if he missed a medication?

# 3 B Know the 'rights' of assisting with medication

**Medications are life-saving for many people and support others to improve their quality of life.**

Giving the wrong medication, or giving medications at the wrong time, to the wrong person or administering them in the wrong way can be very dangerous. You must never be distracted when assisting with medication and always focus on one client at a time. You need to be well prepared, check everything carefully, assist the person and document immediately afterwards.

The equipment required to help a person administer their medication can be varied, as discussed in a previous topic. It can be very simple, such as a DAA, or more involved, such as a lockable drug trolley that contains the medications, administration equipment, gloves, rubbish receptacles and medication charts. Sometimes the required equipment is technical and complex, such as oxygen equipment, inhaler machines or even digital drugs trolleys that can only be opened when the correct information is entered into a computer.

It is time-efficient to be prepared with everything you will need before the task begins. By accessing all the required equipment, and making sure it is in clean, working order before you start, there is less chance that you will need to leave the person or the trolley unattended and at risk.

Here is a list of the 'rights' of medication. These are used to decrease the likelihood of a mistake. Don't forget you only have authority as an assistant: if in doubt, speak to your supervisor.

The 'rights'	Explanation
The right person	Check that you are assisting the right person by looking at the photo by the DAA and confirming their name by asking them or looking at their identification bracelet.
The right medication	Check that you are assisting with the correct medication.
The right time	Check that the medication is being administered at the correct time. Some medications have side effects like sleepiness or dizziness so may be only given at night. Other medications must be taken before or with food.
The right route	Check that the medication is being administered via the correct route, i.e., orally (via the mouth), sublingually (under the tongue), nasally (into the nose), ocularly (into the eyes), topically (onto the skin), rectally (into the anus), or vaginally (into the vagina).



The 'rights'	Explanation
The right dose	Where there is a dosage documented (e.g., for powders, inhalants, creams, etc.) check that you are assisting with the correct dosage.
The right of the client to refuse	The client/patient has the right to say they do not want to take their medications. This is their right, but you MUST document it and notify your supervisor/the nurse in charge as per the policy and procedures related to assisting with medications.
The right of the client/patient to know what the drug is for	The client/patient has the right to understand what they are being given. If you do not know yourself, tell them you will find out from your supervisor/the nurse in charge or get them to come and explain.
The right documentation	You must document that you have assisted with medication on the medication administration record/chart, and (as per policies and procedures) on the individualised support plan and/or progress notes.
The right drug preparation	You must be sure that the medication is administered after being prepared the correct way. For instance, some pills have an enteric coating on them that ensures a slow release of the drug. These cannot be crushed or cut.

## The right person

Make sure you have checked that you are assisting the right person with their medications. This is also a good opportunity to communicate with your client to build rapport and ensure that they are safe and able to self-administer their medications with your assistance, that is, that they are not confused, too sleepy, overly irritable, or refusing to take their medications. Any of these observations needs to be recorded and reported to your supervisor before proceeding.

Even if you have looked after the client before and are both familiar with each other, the following process needs to be followed:

- Look at the photo of the person on the dispensing packaging and compare it to the person sitting across from you.
- Speak clearly and ask simple questions, saying something along the lines of:
  - 'Good morning, I have your medications for this morning. Can I just check that you are Miss Mary Harrison?'
  - If there are two clients with similar names you may ask, 'Can you please tell me your date of birth?' or, 'Can I just check that your date of birth is 12/09/46?'
- If they have hearing difficulties, make sure they have their hearing aids in, that you are in a quiet space and there are no distractions

## The right medication

Many DAAs and medication charts include pictures of the capsules, pills, and/or tablets to be administered, so you can check that you are assisting with the correct medication. There are also instructions that will guide you to assist with the correct medication, such as:

- swallow one **tablet** daily = tablet
- administer **two puffs** when required = an inhaler
- administer **two drops** in each ear/eye = ear/eye drops
- give **10mL** = liquid

## The right time

It is essential that the medications are given at the right time. This includes:

- The right time of day (e.g., morning, midday or evening,) – some medications need to be taken before bed as they cause dizziness or aid with sleep; others need to be taken in the morning because they help normalise blood pressure and stop dizziness if the client stands up quickly.
- The right time with respect to meals (before, with or after a meal) – some medications need to be in the body before eating; others can cause the client to feel sick if taken on an empty stomach.
- The right time between medications (e.g., PRN or 4–6 hourly). It may be that 4–6 hourly is how long the medication has full effect, earlier than 4 hours could put too much medication in the bloodstream, later than 6 hours may mean a diminished therapeutic effect.

Examples of administration schedule and abbreviations					
Time	Medical term/ abbreviation	Suggested suitable times			
morning	mane	0800hrs			
night	nocte			1800hrs–2000hrs	
twice a day	BD	0800hrs		2000hrs	
three times a day	TDS	0800hrs	1400hrs	2000hrs	
regular 6 hourly	6 hrly	0600hrs	1200hrs	1800hrs	2400hrs
regular 8 hourly	8 hrly	0600hrs	1400hrs	2200hrs	
four times a day	QID	0600hrs	1200hrs	1800hrs	2200hrs



Medication documentation times are written in 24-hour time, that is, 1:00pm is written as 1300hrs, and so on. This is to prevent confusion between the hours before midday and after midday. Always check the history/when the medicine was last taken.

## The right route

The route is the method of administration. Here are some examples:

Route	Explanation
oral (tablets/capsules)	taken via the mouth, by swallowing
oral (sublingual)	taken via the mouth, by being dissolved on/under the tongue
oral (liquids)	taken via the mouth, by swallowing
inhaled	taken by inhaling into the lungs
transdermal	taken in via the skin by slow-release medication patches applied to the skin
topical	creams or ointments administered to a particular part of the skin (the prescription should specify where, e.g., apply on dry skin of the heels)
nasal	taken in via the nose, as a liquid administered by spray or pump
ophthalmic	administered to the eyes as drops or an ointment or gel (the prescription should say if in one eye or both)
otic	administered to the ears as drops (prescription should say how many drops and if in one ear or both)

It is important to read any instructions that come with the medication. These ensure the medicine is safe and effective, and does not cause unnecessary discomfort.

For example:

- refrigerate when opened
- wait three minutes between drops
- shake before pouring
- do not apply to open wounds.
- warm before administering

Don't forget to check the expiry date! Some medications have instructions such as 'discard one week after packaging is opened'. This means that if you open the package, you must record the day/time you opened it. If it is open, but has no date/time of opening, you must ask your supervisor before continuing.

## The right dose

As you are assisting with, not administering medications, it is not your responsibility to calculate how many tablets, however it is important that you understand the instructions and dosage, especially with oral liquid doses.

If the dose is written in ‘teaspoon’ or ‘tablespoon’ amounts, you should still measure the dose out with a correct measuring device. You cannot use everyday cutlery as its size can differ and therefore you may give too much/too little of the medicine. This is extremely important for all clients but especially children.

Liquid measurement	Abbreviation commonly used
teaspoon	tsp
tablespoon	Tbsp or TBSP
millilitres	mL, mL, mLs

If assisting a child under 12 years old, the instructions may state that the dose is to be calculated by age or weight (mL/Kg).

**Example:**

Adults and children over six years

Age	Dosage
6 to 12 years	5–7.5 mL
Over 12 years	10–20 mL

**How often:**

1 dose every 6 hours as necessary. No more than 4 doses in 24 hrs.

**Example:**

0.6 mL/Kg to be given every 6 hours

*The child weighs 10kg therefore:*

$$0.6 \text{ mL} \times 10 = 6 \text{ mL}$$

**How often:**

1 dose every 6–8 hours as necessary. No more than 3 doses in 24 hrs.



## Observe the client for changes

It is important to observe the client prior to and during the administering of medication to make sure they have taken the medication and to look for any changes that occur. Changes could be the positive effects of the medication but they could also be undesirable side effects. Some examples of the positive effects of medication include:

- pain relief
- soothing of itchy skin
- improved breathing
- heartburn relief
- improved blood pressure (increased or decreased, depending on the medication)
- stabilised heart rate
- temperature normalised.

Medications can also have side effects that are undesirable changes caused by the medication. They can range from a minor inconvenience to life threatening, and need to be noted and reported. Side effects will be covered in more detail in the next topic, however a list of possible side effects to look out for include:

- shortness of breath
- changes in/loss of consciousness
- sudden difficulty in swallowing
- significant increase in heart rate
- allergic reaction
- gastrointestinal bleeding
- heartburn
- fatigue/sleepiness
- nausea and diarrhoea
- light-headedness or dizziness
- diarrhoea or constipation
- skin rashes.

Your organisation will have policies and procedures that indicate which medication reactions must be immediately reported to the supervisor, doctor or pharmacist.

Never hesitate to call '000' and request an ambulance if you are concerned about the safety of your client, especially if they are experiencing a change in/loss of consciousness, difficulty breathing or swallowing, change in skin colour or any other symptom that appears serious.



## Practice Task 9

Refer to the case study in Practice Task 8 to answer the following questions:

### Question 1

Xavier turns the nebuliser off after three minutes, saying it was making his throat dry. Assi notices that there is still respiratory medicine left over.

Which of the following statements are correct? Select yes or no for each one.

a. It doesn't matter that Xavier has not taken the entire dose; it is his comfort that is more important.	Yes / No
b. Assi should insist that Xavier finish the nebuliser, even though Xavier refuses, saying it will make him throw up.	Yes / No
c. Although it's midday, Assi can provide Xavier with his night time pain killer, as he has a bad headache.	Yes / No
d. Assi can allow Xavier to drink the rest of the nebuliser medicine rather than it being administered via the nose.	Yes / No
e. Assi must document the administration procedure in the progress notes, including Xavier's resistance to taking the medication.	Yes / No

### Question 2

Assi prompts Xavier to take his pills labelled midday from the blister pack with a glass of water. Outline the process of checking that Xavier is taking the correct medication using the '5 Rights'.

**Question 3**

When Assi gets to Xavier's house at lunch time, and introduces himself, he notices that Xavier is short of breath. After Xavier sits and catches his breath, he explains he missed his morning nebuliser because his mum was running late for work and they both forgot. What should Assi do next?

**Question 4**

Assi's supervisor asks him to continue with administering the prescribed midday nasal spray and assess if Xavier feels better. If he does not feel better after 10 minutes, then the supervisor wants Assi to assist Xavier with the nebuliser medication that was missed. Xavier is still a little short of breath after 10 minutes. What Assi should do next?

**Question 5**

List four reactions to medications that should trigger a support worker to immediately notify their supervisor, call a doctor and/or call '000'.



## Summary

- When medication information is undocumented or poorly documented, people have to rely on their memory, which can introduce harmful errors.
- Health professionals rely on accurate information to make safe clinical decisions and to deliver safe, high-quality support.
- Records of medication must provide relevant, accurate, complete and up-to-date information on what medication a person has received.
- There may be times when you need to record and report to your supervisor that a medication could not be given, was not absorbed or was unavailable.
- Individualised support plans outline a person's assessed support needs and how you will meet those needs.
- The five 'rights' of medication assistance are:
  - the right person
  - the right medication
  - the right time
  - the right route
  - the right dose.



## Learning Checkpoint 3

### Support clients with administration of medication

#### Part A

1. You need to prompt your client to take their medications at the right time but they are confused by the 24-hour times used in their individualised support plan. Briefly state how you would explain each of the following abbreviations:

- Mane

- Nocte

- BD

- TDS

- QID



**2.** Which of the following statements are correct? Select yes or no for each one.

a. Legislation states that support workers can prescribe and administer medications, if they have the right training.	Yes / No
b. Organisational policies and procedures must clearly state the role of the support worker when assisting with medications.	Yes / No
c. A medication chart must state the type, time and route of medication.	Yes / No
d. Individualised support plans and the medication chart should clearly explain the medications and the type of assistance required.	Yes / No

**3.** Provide at least two ways of checking the ‘5 Rights’ when assisting a client with medication.

a. The right person

b. The right medication

c. The right time



**d. The right route**

**e. The right dose**

**4. Why is it important to observe clients taking their medications?**

**5. Where and how would you document when a medication has been refused, not administered, or vomited back up?**



6. Identify two reasons why accuracy is crucial to documentation and potential impacts of errors in health documentation.

7. List four examples of the types of changes you would report to your supervisor and write in your progress notes.

## Part B

Read the case study, then answer the questions that follow.

### Case study

Jonas is a support worker at a shared house for three people who have a range of intellectual disabilities and require assistance with their medications.

Jonas visits them every afternoon at about 1700hrs to assist with their evening medications. One afternoon he arrives to hear that everyone in the house is recovering from gastro which has caused vomiting and diarrhoea.



1. The clients have stopped vomiting but none have had their morning medications. Identify two things Jonas must do to.

2. The clients each take different medications. List the administration requirements for each of the following types of medication to ensure the 'rights' of medication are followed.

- blister pack with capsules

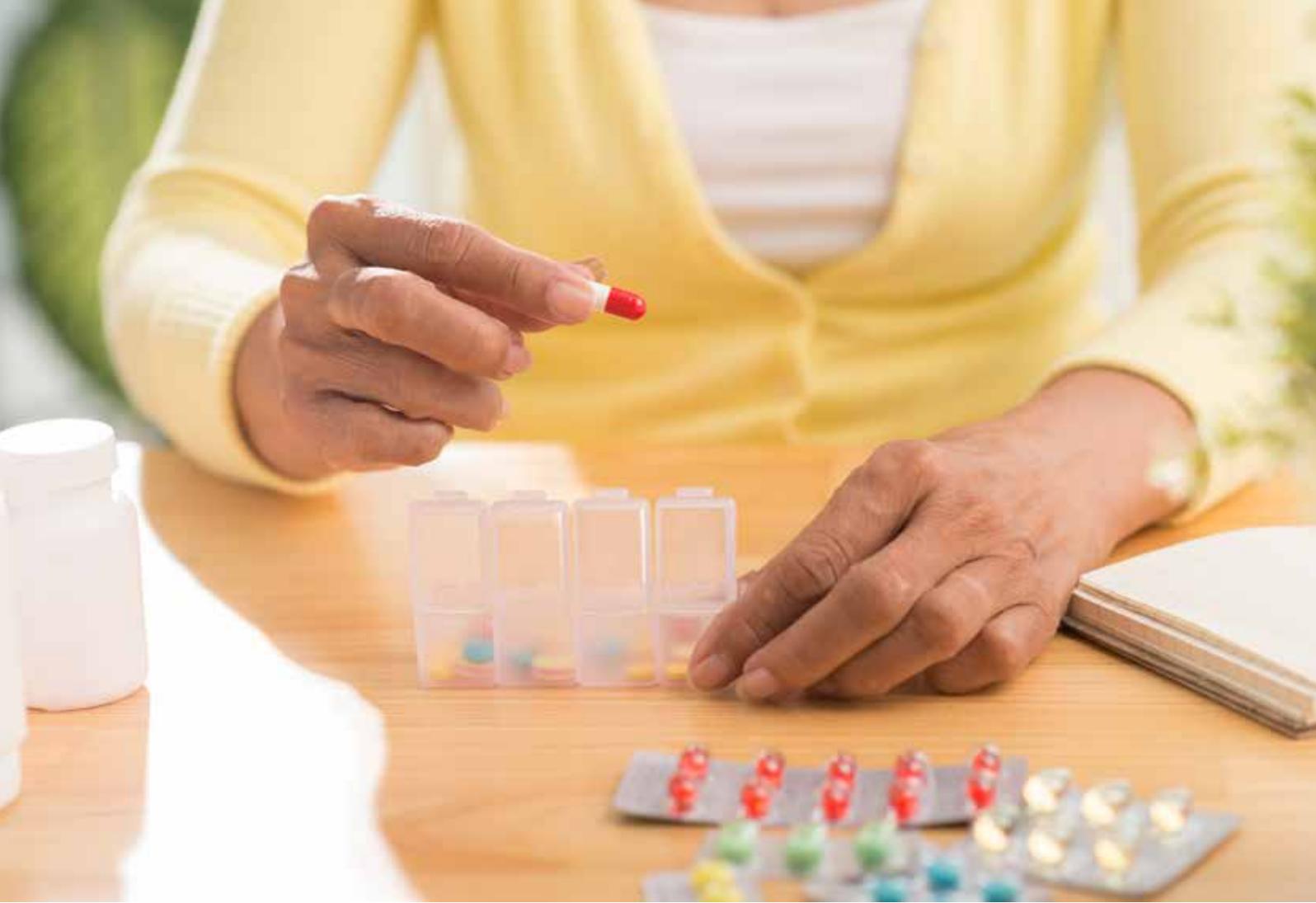
- eye drops

- cream

- inhaler



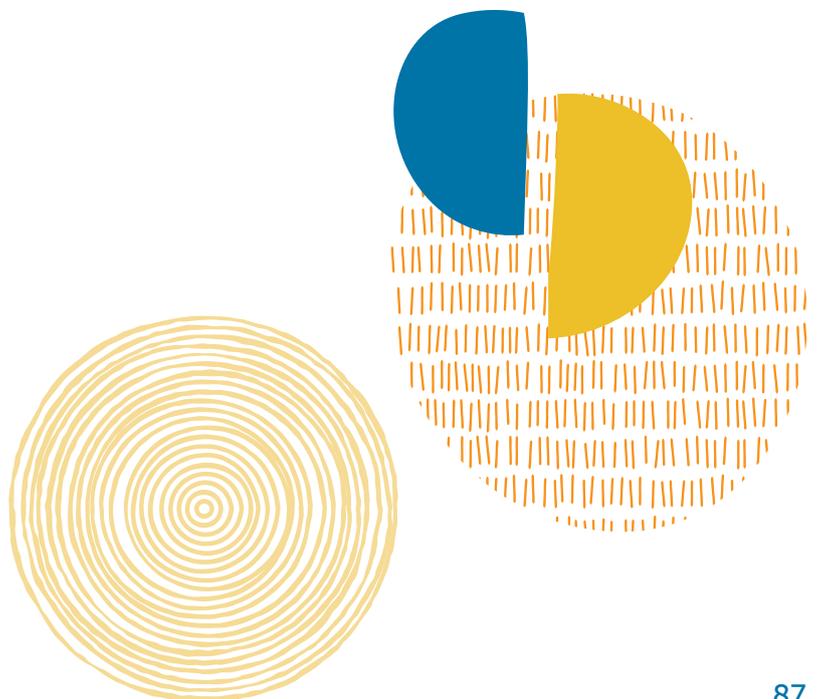
- 3.** Which of the following statements relate to Jonas's role in assisting with medications? Tick all that apply.
- Make sure the medications are stored properly and safely
  - Suggest that the clients take more support to avoid getting gastro again
  - Provide details of the local doctor who can help with the gastro symptoms
  - Document on the medication administration record/charts which medications were missed by marking them 'M'.
  - Document that medications were missed, that the supervisor was notified and that evening medications were assisted with.
- 4.** One client, Jasminka, is due to have an inhaler for her asthma. Before Jonas assists her with her inhaler, she mentions feeling short of breath. Explain Jonas's responsibility for observing Jasminka after she has taken her asthma medication.



## Topic 4: Handle medication contingencies

4A Identify actions, side effects and contraindications of medications

4B Report any concerns to supervisor and/or health professional



# 4A

## Identify actions, side effects and contraindications of medications

**Medications save lives, but they can also result in harm if not taken properly; that is, if the ‘rights’ of medication assistance/administration are not strictly followed.**

It is important to understand some facts about the medications you are assisting with so that you know what to look for if something isn't right – either with the medication or with your client.

### Indication

The reason or purpose for using a particular medication as a treatment.

A medication has a specific purpose, otherwise known as its **indication**. This is the expected therapeutic result of a medication – what its action is. For example, the indication for an antibiotic is to treat a bacterial infection.

If the indication is the purpose of the medication, the unwanted effects or reactions caused by it are called side effects or contraindications.

Unwanted effect	Explanation
Allergic reaction	<ul style="list-style-type: none"><li>• The body's immune system rejects the drug. Reactions can include sneezing, itchiness, rashes, wheezing and shortness of breath.</li><li>• An anaphylactic reaction is an extreme allergic reaction, which is very dangerous and can result in death.</li><li>• A person's known allergies to medications should be written on their drug chart, however some may be unknown.</li></ul>
Side effects/ adverse reactions	<ul style="list-style-type: none"><li>• These are the unwanted effects of the medication.</li><li>• They are often minor, and can be factored into administration protocols, e.g., medications causing drowsiness could be taken at night.</li><li>• Other known side effects can be pre-empted, e.g., a drug that causes a dry mouth can be offset by good oral hygiene and hydration.</li><li>• Do not hesitate to call an ambulance (000) if you suspect a severe reaction to a medication.</li></ul>
Contraindications	<ul style="list-style-type: none"><li>• A medication can be unsafe in specific circumstances, such as when it is given in combination with another drug. Taking both together may cause a reaction that lessens the effect, cancels out the effect or creates a harmful reaction.</li></ul>



Unwanted effect	Explanation
Consequences of incorrect use	<ul style="list-style-type: none"> <li>Consequences of incorrect use are the result of not reading the instructions accurately and giving a medication at the wrong time, at the wrong dose, for the wrong reason, etc.</li> <li>For example, if a drug is ordered to be given with food and the client takes it on an empty stomach, it may cause nausea and vomiting, resulting in the medication not being absorbed.</li> </ul>

Many clients take several medications at the same time; if they are on five or more medications at the same time, this is called polypharmacy. The use of multiple medications can cause drug interactions that are harmful. If all medications are prescribed by the same doctor, or administered by the same pharmacy, the effects of each are taken into consideration to minimise negative side effects. This is not always possible, however, as people may have a GP and one or more specialist doctors and get their medications from different pharmacies.

Further to this, people can get over-the-counter (OTC) medicines that don't require a script, such as cough medicine, pain relief tablets, homeopathic and herbal remedies, and dietary and vitamin supplements. These might cause reactions/be contraindicated to the prescribed medications they are taking.

**Video: Allergic and anaphylaxis responses**

Watch this video which explains signs and symptoms of allergic and anaphylaxis responses: [aspirelr.link/yt-allergic-reaction](https://www.youtube.com/watch?v=aspirelr.link/yt-allergic-reaction)

What are some of the signs of an allergic reaction?



The following table outlines the purpose, effects, possible side effects, contraindications and consequences of incorrect use of ten common groups of medications.

Common groups of medications	
Antibiotics	
Purpose	They stop the growth of microbes that cause infections, e.g., chest infections, urinary tract infections and skin infections.
Effects	They kill bacteria or make it difficult for bacteria to grow.
Reactions	Clients can have serious allergic reactions to certain antibiotics. Other common side effects include rashes, nausea, diarrhoea and yeast infections.
Contraindications	Allergies; some antibiotics should not be prescribed for children or pregnant women.
Consequences of incorrect use	Not finishing the entire course can cause the bacteria to grow resistant to the antibiotic.



Common groups of medications	
Antibiotics	
Notes	Antibiotics must be prescribed by a doctor. Examples of antibiotics: benzo penicillin, gentiamicin, flucloxacillin and amoxicillin.
Anti-anxiety medications	
Purpose	They decrease anxiety, panic disorders and insomnia.
Effects	They are central nervous system depressants that induce feelings of calm (anxiolysis), drowsiness and sleep.
Reactions	Common side effects are nausea, headaches, anxiety, sweating, dizziness, agitation, weight gain, dry mouth and sexual difficulties.
Contraindications	People who have a history of addiction or alcohol abuse; women who are pregnant or lactating.
Consequences of incorrect use	Dependence on these kinds of medication is common. The effects of the medication may not be immediate so clients might think they are not working and quit them.
Notes	Anti-anxiety medications must be prescribed by a doctor. Examples of anti-anxiety medications: temazepam, nitrazepam, diazepam, oxazepam and alprazolam.
Anti-inflammatory pain relief (non-steroid)	
Purpose	They decrease inflammation and pain.
Effects	They bring pain relief and decreased swelling and inflammation.
Reactions	Some anti-inflammatories can trigger asthma.
Contraindications	Clients should not take anti-inflammatories who are allergic or hypersensitive to them, pregnant or likely to become pregnant, have a kidney or liver condition, or have a gastrointestinal ulcer or bleeding.
Consequences of incorrect use	Gastric irritation, nausea, heartburn, indigestion if not given with food.
Notes	Many anti-inflammatories are available OTC as well as with a prescription. Examples of anti-inflammatories medications: ibuprofen, aspirin, diclofenac.



Common groups of medications	
<b>Blood pressure (hypertension &amp; hypotension) medications</b>	
<b>Purpose</b>	They control high or low blood pressure.
<b>High blood pressure (hypertension) medications</b>	
<b>Effects</b>	Depending on the type of medication, effects can be: a decrease in the heart rate; expanding the blood vessels (vasodilation) so the blood flows more freely.
<b>Reactions</b>	Depending on the medication: dry cough, flushing, swelling of the ankles, headache, dizziness, gastrointestinal upset such as constipation, palpitations, fatigue
<b>Contraindications</b>	Many blood pressure medications are not recommended for women who are pregnant or people with asthma, pancreatitis or are prone to dehydration.
<b>Consequences of incorrect use</b>	It can be very dangerous to stop hypertension medications suddenly, as it can result in very high blood pressure.
<b>Notes</b>	Must be prescribed by a doctor Examples of hypertensive medications: hydrochlorothiazide, propranolol, acebutolol, captopril, diltiazem
<b>Bronchodilators</b>	
<b>Purpose</b>	They relieve respiratory distress caused by inflammation of the airways.
<b>Effects</b>	They assist clients to breathe more easily by opening the airways.
<b>Reactions</b>	Can cause dry mouth, jitteriness, shaking, palpitations, headaches
<b>Contraindications</b>	People with diabetes, glaucoma, seizures, cardiovascular disease
<b>Consequences of incorrect use</b>	Can cause dizziness, palpitations, and chest pain
<b>Notes</b>	Must be prescribed by a doctor Examples of bronchodilators: salbutamol, salmeterol, formoterol and vilanterol



Common groups of medications	
Anti-cholesterol medications	
Purpose	They lower blood cholesterol levels.
Effects	Statins (anti-cholesterol) medications block the liver from making cholesterol
Reactions	High blood sugar, soreness, tiredness or weakness in the muscles
Contraindications	Liver disease, pregnancy and lactation
Consequences of incorrect use	Muscle breakdown, which leads to painful inflammation of the muscles.
Notes	Must be prescribed by a doctor. Examples of statins (anti-cholesterol medications): atorvastatin, rosuvastatin, pravastatin, fluvastatin and simvastatin.
Diuretics	
Purpose	They promote the elimination of excess fluids in the body and lower blood pressure.
Effects	They decrease swelling in the extremities and lungs caused by high blood pressure.
Reactions	Dizziness, headaches, dehydration, muscle cramps, joint disorders such as gout
Contraindications	Dehydration, high blood pressure in pregnancy, over 65 years old, liver or kidney disease
Consequences of incorrect use	Can worsen kidney/liver disease
Notes	Must be prescribed by a doctor. Examples of diuretics: spironolactone, hydrochlorothiazide, furosemide, metolazone
Gastrointestinal medications	
Purpose	They relieve conditions that cause discomfort in the gastrointestinal tract, e.g., heartburn (reflux), ulcers, bloating, nausea and abdominal discomfort.
Effects	Depending on the issue, gastrointestinal medications can increase gastric emptying, stop diarrhoea or stop constipation.
Reactions	Stomach cramps, nausea, vomiting, diarrhoea, constipation, urgency, incontinence



Common groups of medications	
Contraindications	Should not take with aspirin as it may worsen gastrointestinal damage
Consequences of incorrect use	Extreme weight loss, appetite suppression, faecal incontinence
Notes	Common gastrointestinal medications: omeprazole, esomeprazole, lansoprazole, rabeprazole and pantoprazole
Opioids	
Purpose	They reduce severe pain, such as post-surgery or post-trauma.
Effects	They alter the brain's perception of pain and reduce the pain signals from the damaged tissue to the brain.
Reactions	Common side effects include drowsiness, impaired judgement, constipation, nausea, and vomiting. A severe reaction could be respiratory depression.
Contraindications	The client shouldn't drive a car or drink alcohol while on opioids. They should not take opioids if they have addiction issues.
Consequences of incorrect use	Opioids are highly addictive, and the body can react negatively when they are stopped, e.g., poor sleep, depression, diarrhoea and mood swings.
Notes	Opioids can only be prescribed by doctors and you cannot assist with administration. They must be administered by two registered/enrolled nurses. Common opioids: codeine, tramadol, oxycodone, morphine, methadone and fentanyl.
Complementary medicines	
Purpose	There are many medicinal products and nutritional supplements that contain herbs, vitamins, minerals, homoeopathic and aromatherapy preparations, which are classified as complementary medicines. Depending on the ingredients they can have many purposes.
Effects	Many complementary therapies aim to promote relaxation and stress reduction. They might help to calm emotions, relieve anxiety, and increase the general sense of health and wellbeing.
Reactions	Different clients can react to different complimentary medicines e.g., echinacea has various reported side effects including abdominal pain, swelling, shortness of breath, nausea, itchy skin, rash, redness of the skin and hives.



Common groups of medications	
<b>Contraindications</b>	Different herbs can counteract/interfere with prescribed medications, making them quite dangerous.  Depending on the medications the client is taking, it is important to know the effects of the complimentary medicines, e.g., if a person is on warfarin (a blood thinner) then Ginkgo biloba can interact and cause bleeding.
Complementary medicines	
<b>Consequences of incorrect use</b>	Problems arise when complementary medicines are used following self-diagnosis, which may lead to a wrong diagnosis and delay in visiting the doctor. In the case of serious illness, a delay in medical treatment may result in other serious issues (such as preventable health effects, greater difficulty or impossibility in achieving a cure) and even death.
<b>Notes</b>	The ten most commonly used herbal preparations in Australia are: aloe vera, garlic, green tea, chamomile, echinacea, ginger, cranberry, peppermint, ginseng and Ginkgo biloba.  Source: <a href="https://mja.com.au/system/files/issues/206_02/10.5694mja16.00614.pdf">mja.com.au/system/files/issues/206_02/10.5694mja16.00614.pdf</a>

## Example

### Managing medications

Joe is a 28-year-old with Down syndrome living independently.

Joe has just had his medications reviewed by his GP and they have discussed increasing the dose of his anti-anxiety medications.

He has also had antibiotics added to his blister pack as he has a chest infection.

Whilst at the pharmacy some time ago, Joe picked up a packet of anti-inflammatory drugs for the headaches he has that are associated with his anxiety.

Pete, a community-based disability support worker, comes around at dinner time to help Joe with some chores and to assist him with medications. Joe asks for two anti-inflammatory tablets for his headache. The anti-inflammatories are not in his DAA or listed in his individualised support plan so Pete tells Joe he will quickly check in with his supervisor about taking the anti-inflammatory tablets along with the other medications.



# Practice Task 10

## Question 1

Match each term about medication to its description.

Indication	The body's immune system rejects the drug and reacts with symptoms such as sneezing or itchiness
Contraindications	An extreme allergic reaction that is dangerous and can result in death
Consequences of incorrect use	Unwanted effects of the medication
Allergic reaction	The purpose or expected therapeutic result of a medication
Anaphylactic reaction	When a medication is unsafe in a particular situation
Side effects/adverse reactions	The result of not following instructions accurately

## Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Medications used to treat respiratory distress are contraindicated for women who are pregnant or people who are prone to dehydration.	Yes / No
b. The purpose of antibiotics is to stop the growth of microbes.	Yes / No
c. The effect of opioids is to help a person reduce their stress levels.	Yes / No
d. Some common side effects from anti-anxiety medications are nausea, headaches, anxiety, sweating and sexual difficulties.	Yes / No
e. Anti-inflammatory drugs give pain relief and decrease swelling and inflammation.	Yes / No

# 4B

## Report any concerns to supervisor and/or health professional

**Policies and procedures are teaching and guidance tools that reflect the service provider's legal, ethical and duty-of-support responsibilities toward their clients.**

Training staff who assist with the administration of medications must cover the procedures to follow and actions required when a negative event occurs.

Negative events include:

- concerns with the administration of medication, such as the person refusing to take or hiding their medications
- individual reactions to medications, such as an allergic reaction or side effect as a result of taking medication
- when a person's condition changes after taking medication, for instance, their physical health deteriorates or their behaviour changes
- medication being out of date or contaminated, such as a damaged blister pack or medication has been incorrectly stored.

Accurate and timely reporting/documentation of issues around medication in a person's individualised support plan or medication administration chart must include notes about any inconsistencies observed in the client as well as concerns about the medication itself. These may include concerns about effects, side effects, errors and other issues.

Everyone involved in the support of the person, including doctors and other health professionals, relies on accurate record keeping. This information is used to monitor the person's health and wellbeing and is used as a basis for reviewing medication and making changes, if necessary.

Support plans and medication charts are also legal documents. They are a record of the support a client has or has not received. These documents will be examined and used if there is a dispute or negative outcome regarding the support and support provided to a person.

As a support worker assisting with medication, it is your job to follow your employer's policies and procedures and any instructions given to you by a supervisor or other health professional. This includes how, what and when to report and document changes that you have observed in your client in the preparation and delivery of medication. Always follow instructions carefully and ask questions to make sure you understand what you are required to do.

## Out-of-date medicines

The law requires manufactured medicines to be given an expiry date. This is the date after which they are not expected to be as effective. Medicines lose their effectiveness over time because the active ingredients can break down into inactive products by the effects of heat, light and oxygen. In some cases, ingredients can become dangerous and unstable due to changes in their chemical composition. If they're taken for the treatment of serious conditions, at worst, taking out-of-date medicines can be fatal.

Follow the storage instructions for each individual medication and refer to the use-by date on the label, underneath the jar, etc. Expiry dates vary widely between different medicines and forms of medicine. For example, dry tablets usually have a later expiry date than liquids. Medications used for life-threatening conditions need to be checked frequently to make sure they are not out of date, such as insulin for people with diabetes.

Source: [healthdirect.gov.au/out-of-date-medicines](http://healthdirect.gov.au/out-of-date-medicines)

## Contaminated medicines

Medications must be stored according to the instructions on the label and the recommendations made by the manufacturer.

Medications can be contaminated by poor infection control such as poor hand hygiene, dirty equipment or clients dropping their medications on contaminated surfaces. They can also be withdrawn from the market due to a recognised contamination by the manufacturer or by the regulator (the Therapeutic Goods Association – TGA). Evidence of contamination in liquids might be particles floating in the liquid; for tablets there may be unidentified spots.

Here are some ways contamination may occur:

- eye drops can become contaminated with bacteria if they are not sealed and stored correctly
- a pessary left out in hot weather can melt, making it impossible use
- the foil of blister packs can be ruptured if someone plays or tampers with it
- powders can destabilise, become hard and lumpy or lose their potency if not stored in a dry area.

Refer to the label and the medications chart for information on how the person's medication should be stored.

## Disposal/return of unwanted medicines

Storage of expired or otherwise unwanted medicines in the home can be dangerous and unsafe. It can lead to environmental damage.

There is a free and convenient way to dispose of unwanted medicines responsibly via the local pharmacy, called the Return Unwanted Medicines (or RUM) Project. You can read more about unwanted medicines here: [aspirelr.link/return-med](https://aspirelr.link/return-med)

## Medication errors

It is human to make mistakes, particularly if you are busy with several tasks and under stress to complete them in a set period of time.

Errors with medication can be very dangerous, if not life-threatening. Errors can be avoided by:

- making sure procedures are effective and well written
- frequent and up-to-date training
- ensuring people supporting with medication follow the ‘rights’ of medication assistance.

Reasons for a medication error can vary from the way medication has been prescribed or dispensed, to characteristics of the person taking the medication.

<b>Prescribing</b>	When the doctor has prescribed the wrong medication, such as prescribing an antibiotic without knowing or asking if the patient is allergic to it.
<b>Omission</b>	When the support worker forgets a medication because they have not read the medication administration chart or individualised support plan carefully, such as assisting with DAA medication but forgetting about an inhaler or ointment.
<b>Wrong time</b>	When a medication is given at the wrong time it can create a situation in which the desired effects of the medication are not realised or affect the client at the wrong time. For example, a medication to aid the client to sleep given in the morning could result in them being sleepy and unfocussed during the day – a falls risk.
<b>Improper dose/ wrong dose preparation</b>	A mistake could be made by the pharmacist putting too many pills in a DAA, meaning the person is getting a greater dose than they should. Not checking the number of tablets in the DAA could lead to an overdose or too many blood pressure pills could lead the client to have a dangerous drop in their blood pressure.
<b>Administration errors</b>	These include the incorrect route of administration, giving the drug to the wrong patient, extra dose etc. Every instruction needs to be noted carefully and missed tablets must not be given later in the day if they were previously forgotten.



<b>Health support worker</b>	The team member may lack training and/or knowledge, have poor communication with other medical professionals regarding the client, or experience poor physical or emotional wellbeing themselves that decreases their concentration.
<b>Clients</b>	A client's literacy and language barriers can affect their ability to take their medication correctly because they don't understand why they need to take a particular medication.
<b>Children</b>	Children can be at greater risk of medication errors, due to requiring a different dosage to adults.
<b>Work environment</b>	Workload/time pressures, distractions and interruptions, insufficient protocols and resources can all negatively impact a support worker's ability to assist with the appropriate medication.

## What to do when there is a medication error

If a client is unwell as the result of a medication error or incident, medical assistance should be sought straight away.

All incidents related to medication errors, near misses and incidents should be documented in the incident reporting system used by the organisation.

The medication policy should include how to deal with medication errors, incidents and near misses. Staff should be clear as to the definition of a medication error, incident and 'near miss'.

All medication errors, incidents and near misses should be reported to the supervisor to inform them:

- what has happened
- what action has been taken to rectify the situation
- what has been done to prevent it from happening again.

The client (and where appropriate, their relatives) should be notified of any medication error or incident.

Documenting errors acts as prompts to assess whether organisational policies and procedures are instructive enough to prevent negative events occurring.

## Tips for avoiding medication errors

### The 'rights' of medication administration

Ensure you understand and follow the 'rights' in medication administration: the right patient, medication, reason, dosage, route, frequency and time of day.

## Know your medication administration policies, regulations and guidelines

Every organisation has an obligation to ensure its medication administration policy and associated guidelines are provided to all staff involved in client support, and that appropriate training is provided.

### Keep focused

Interruptions are a major source of error during the preparation and assistance of medication administration. Some facilities have developed strategies including the wearing of 'medication round' vests to minimise the kinds of distractions that result in drug errors. A team approach means that when staff are attending to medication, they are not called on to answer phones and call bells.



### Be aware of high-alert medications

Read any allergy alerts on the individualised support plan and medication administration charts. Know what to do in case of an anaphylactic reaction or overdose.

### Consider name alerts

Each healthcare organisation should have a name alert strategy in place to avoid medication mix-ups between patients with similar sounding names. Always check you have the patient's name and one other identifying question, such as their date of birth before administering medication. Ask about allergies; don't just rely on the medication administration chart. Verify all allergies, not just medications.

### Speak up

Speak up and ask for help if you are unsure about a medication, patient, policy or practice. Know the limits of your own knowledge, skill and judgement.

### Document everything

Document everything, include any vitamins or alternative therapies the patient is taking.

### Stay up to date

Ask your supervisor about education opportunities and training resources. Some health organisations require assessments or annual mandatory medication competency testing.

Source: Adapted from [anmj.org.au/10-tips-to-avoid-medication-errors/](https://anmj.org.au/10-tips-to-avoid-medication-errors/)



## Practice Task 11

### Question 1

Pete, a community-based disability support worker, is assisting Joe with his medications and afterwards asks him how he is feeling. Joe says he is feeling sleepy and needs to take a nap, which is unusual for him. What should Pete do next?

### Question 2

Pete's supervisor says that it's normal for a client to feel sleepy when their dose of anti-anxiety medication is increased. Though this is an unwanted effect, it should not last for more than a week. How might Pete explain this to Joe?



**Question 3**

The next day Pete notices that Joe has a severe and itchy rash on his face and neck, but there is no mention of the rash in the notes left by the morning support worker. Joe mentions that the last time he took antibiotics he had a similar reaction and says he might be allergic to them.

Number each step from 1 to 6 in the order you would follow to address Joe’s reaction to the antibiotics.

	Help Joe make another appointment with his doctor to assess that reaction to the antibiotic.
	Write an incident report and notify the doctor of the event.
	Confirm Joe isn’t showing signs of an anaphylactic reaction. If he does, call ‘000’ and ask for an ambulance.
	Withhold the medication (as per policy) writing ‘W’ for withheld on the medication administration chart.
	Contact the supervisor and inform them that Joe may be having a severe reaction to the antibiotic.
	Document the event in the individualised support plan and progress notes.

**Question 4**

Provide one reason why the following situations must be reported and documented as per organisational guidelines.

- concerns with the administration of medications
- client reactions to medications
- changes in the person’s condition or needs
- inconsistencies in medications

**Question 5**

Pete's supervisor says that if Joe wants to take anti-inflammatory medication for a headache, he can, but to check the recommended dosage and expiry date. Pete looks at the box, which looks old and worn. He notices that the expiry date was four months ago. What should Pete do?

**Question 6**

List three people that must be notified if Pete has made a mistake with Joe's medication. What is the name of the additional document that needs to be completed when there is a medication error?



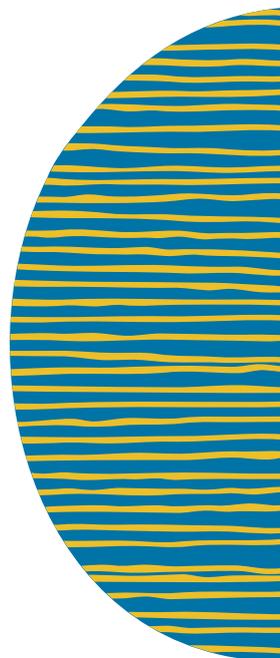
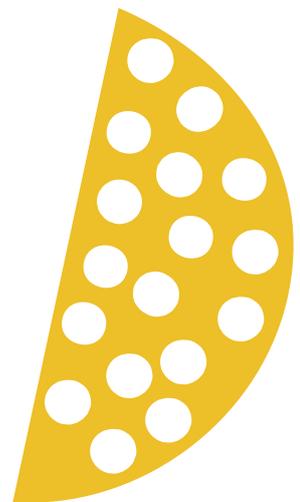
**Question 7**

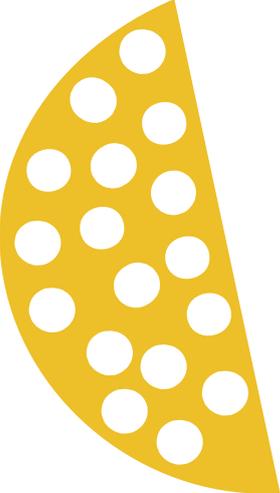
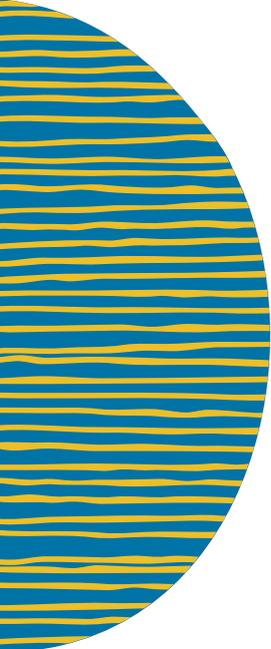
Identify at least three reasons for errors occurring in the administration and assisting of medications, and provide an example of the potential impact of an error on Joe.



## Summary

- Knowing about the medications you are assisting with will help you to know what to look for if something doesn't seem right either with the medication or with your client.
- Medications have a purpose, but can also have unwanted effects that can be dangerous. These include:
  - allergic response, including anaphylaxis
  - adverse effects or side effects
  - contraindications
  - consequences of wrong use
- Clients, especially older people, experience polypharmacy (when they are on five or more medications at one time) which can cause adverse reactions if not managed properly.
- Common medications include:
  - antibiotics
  - anti-anxiety medications
  - anti-inflammatory (pain) medications
  - high blood pressure (hypertensive) medications
  - cholesterol medications
  - bronchodilators
  - diuretics
  - gastrointestinal medications
  - opioids
  - complementary medications



- Training for staff who assist with medications must cover the procedures to follow and actions required when a negative event occurs.
  - The accurate and timely reporting and documentation in an individualised support plan or medication administration chart, must include notes about any inconsistencies observed in the client, as well as effects, side effects, errors and other issues.
  - Medicines lose their effectiveness over time. Do not use a medicine past its use-by date.
  - Storage of expired and unwanted medicines can be dangerous. Dispose of them properly and safely.
  - Errors in medication can be very dangerous, if not life threatening. Make sure all errors are documented and reported.
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# Learning Checkpoint 4

## Handle medication contingencies

### Part A

1. Provide an example of the adverse reactions/side effects, contraindications and consequences of incorrect use for each of the following medications.

- antibiotics

- anti-anxiety medications

- anti-inflammatory medications



- high blood pressure (anti-hypertensive) medications

- bronchodilators

- anti-cholesterol medications

- diuretics



- gastrointestinal medications

- opioids

- complimentary medications

**2.** Which of the following statements relate to the action required when a client has a severe allergic reaction to a medication? Tick all that apply.

- Call '000' immediately and request an ambulance.
- Call your supervisor and explain what has happened.
- Don't over react, it will likely be a common side effect of the medication.
- Document the client reaction, your actions and all relevant information in the progress notes.
- Discard the medications in the toilet so that it doesn't happen again.



**3.** Your client has a blister pack that her child accidentally dropped in a sink of dish water and is very damaged. Which of the following statements are correct? Select yes or no for each one.

a. You should notify the prescribing doctor and/or pharmacist to get them to prepare another DAA as soon as possible.	Yes / No
b. Discard the DAA in the bin.	Yes / No
c. You report to your supervisor that the client has told you that when this happened previously the support worker just taped it up and used the medications.	Yes / No
d. You can explain to your client how the medication should be stored and how to keep them out of reach of her children.	Yes / No

**4.** Provide three reasons why the expiry date of medications must be checked and out-of-date medications must be disposed of.

**5.** Provide three potential reasons why errors can occur in medication administration and the impact errors can have on clients. Suggest one way errors should be dealt with once they have been identified.



## Part B

Read the case study, then answer the questions that follow.

### Case study

Ruby and Maggy live independently with Maggy as the primary carer for Ruby who has dementia. Maggy admits that she is relying more and more on notes to herself as her memory “isn’t what it used to be”.

Jairaj is the support worker that visits each day to assist the women with some personal support and their medications. Maggy needs help opening her own DAA packaging because her arthritis can make it difficult to manipulate the package.

1. Explain the purpose and expected effects of the following medications used by the women Jairaj is supporting:

- Ruby’s blood pressure medication

- Maggy’s anti-inflammatory tablets



- Maggy's homeopathic foot rub

- Maggy's antibiotics

**2.** Jairaj notices that Ruby has missed taking her tablets the last two nights. When he asks Maggy why she states that Ruby is getting more agitated at night and sometimes refuses the medications or just goes to bed early. Explain why Jairaj should report this and why.



3. Jairaj notices that the heartburn liquid medication is out of date by three months. What actions should Jairaj take?

On Jairaj's next visit he tells Maggy that the team will be in touch because they would like to review the support needs and requirements of the pair. Maggy gets very agitated and uncharacteristically angry, stating that it's none of his business. This behaviour is unusual and Jairaj has never seen Maggy behave like this in the year he has been coming to the house. As he is leaving, he sees Ruby's night-time medicine in the bin.

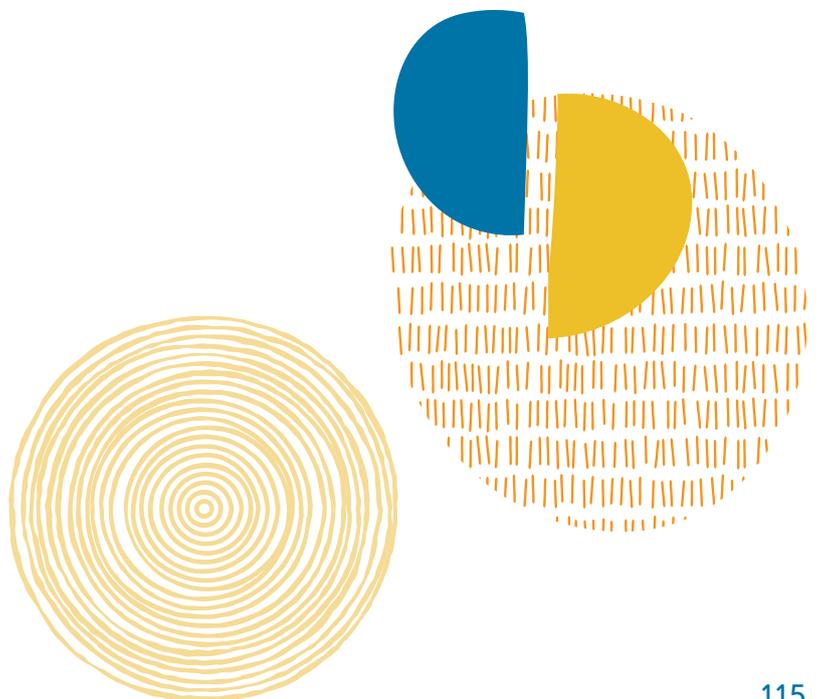
4. Which of the following statements are actions that Jairaj should take? Tick all that apply.
- Any inconsistencies in medication administration should be reported immediately.
  - Maggy's response to his suggestion of a review should be documented.
  - Jairaj shouldn't document Maggy's response as she must have been having a 'bad day'.
  - Jairaj should report to his supervisor and document that medications appear to have been thrown in the bin.





## Topic 5: Complete medication distribution and documentation

- 5A Dispose of used equipment and unwanted or expired medicines
- 5B Complete medication, equipment and documentation procedures



# 5A

## Dispose of used equipment and unwanted or expired medicines

**After you have assisted your client with their medication, follow organisational policies and procedures to complete the medication distribution and clean up.**

According to a report by the Australian Institute of Health and Welfare, pharmaceutical opioids are responsible for far more deaths and poisoning hospitalisations than illegal opioids (such as heroin). Every day in Australia, nearly 150 hospitalisations and 14 emergency department admissions involve opioid harm, and three people die from drug-induced deaths involving opioid use.

Source: [tga.gov.au/safe-disposal-unwanted-medicines](https://tga.gov.au/safe-disposal-unwanted-medicines)

Service providers are required to provide special commercially available bins for the storage of discarded medications before they are removed from the premises. Most drugs will be removed and disposed of by companies who specialise in this task. These containers are designed to look ordinary to deter the improper use of discarded, unwanted and expired medications.

In community settings, such as working in someone's home, you will need to sort the waste before placing it into an appropriate bin. This means that general waste items are placed into an ordinary bin and clinical waste, such as discarded medications, are removed from the home.

Appropriate bins are lined with a bag and have a fitted lid. Transporting medications out of the home requires a sturdy bag with a tie that secures the contents.

Leaving unwanted or unused medication in a home is a safety risk to young children and pets who may also ingest medications that are left on benches or discarded in open bins.

Medications should be disposed of at a local pharmacy or a designated bin in a secure location of a residential facility. As discussed in the previous topic, unwanted or out-of-date medication can be disposed of at the pharmacy at no cost to consumers.

According to Guiding Principle 9 – disposal of medicines, in the *Guiding Principles for Medication Management In The Community*, published by the Australian Government Department of Health, 'Consumers and/or their support workers should be encouraged to return any unwanted, ceased or expired medicines to their local community pharmacy for safe disposal.'

Source: [health.gov.au/internet/publications/publishing.nsf/Content/nmp-guide-medmgt-jul06-contents~nmp-guide-medmgt-jul06-guidepr9](https://health.gov.au/internet/publications/publishing.nsf/Content/nmp-guide-medmgt-jul06-contents~nmp-guide-medmgt-jul06-guidepr9)



One example that demonstrates the importance of disposing of medications correctly, is unwanted or out-of-date antibiotics. Incorrect disposal of antibiotics can contribute to infection agents (microbes) becoming resistant to antibiotics, leading to there being no treatment for some infections. This has occurred with an antibiotic called Vancomycin with a 'super bug' called VRE (vancomycin-resistant enterococci).

## Disposal requirements for common medications

Most prescribed and over-the-counter medications such as antibiotics, anti-anxiety medications, anti-inflammatory drugs, hypertension drugs, bronchodilators, cholesterol medications, diuretics, gastro-intestinal medications, and complimentary medicines can all be returned to the pharmacy under the RUM scheme discussed in a previous topic.

Of special note are strong pain killers (opioids) that can be dangerous to children and pets and harmful to the environment. These should be removed from the home when they are no longer required. They are also addictive and could be misused, stolen or taken incorrectly.

Refer to organisational policies and procedures on how and when this is to be done. Specific protocols may relate to:

- disposing of unused, unwanted, or expired medicines
- cleaning and washing or disposing of unwanted or used equipment such as dispensing cups/spoons and plastic wraps and packaging
- storing medications safely and securely
- following the manufacturer's instructions regarding the storage of temperature-sensitive medicines
- ensuring that the medication administration record is completed and stored correctly
- following hand hygiene procedures after handling waste and rubbish and any open medication.

### Example

#### Disposing of medication

On the first of the month, Fran starts a regular morning shift at Shifting Lives residential aged care home, and has been asked by her supervisor to assist with medications. She is told that the team are two staff down, so everyone is going to be extra busy.



As per the policies and procedures of the facility, the night duty staff have prepared this month's medication documentation, which Fran collects from the locked office and stores in the top drawer of the medication trolley.

Fran heads to the first client and finds that there aren't any disposable cups, spoons or measuring cups on the medication trolley. She sees that there are used cups on the trolley and spilt liquid. As well as the trolley not being stocked, the bin is full and the box of gloves on the trolley is empty.

When Fran goes to empty the bin, a box of antibiotics falls out of it, which is odd because proper procedure is to discard expired medications in a locked office and send to the local pharmacy every month for proper disposal.

## Practice Task 12

### Question 1

List at least two reasons why it is important to discard all medications safely as per the manufacturers' instructions and organisational policies and procedures.

**Question 2**

Which of the following relate to the correct disposal of medication waste? Tick all that apply.

- Pharmacies charge a small amount to accept unused or unwanted medication.
- Clients must be protected from drug addicts entering their homes.
- Hand-washing procedures should be followed after handling medication waste.
- Rubbish bins for storing unwanted medication should be lined with a bag and have a lid.
- General waste such as plastic and paper packaging can be placed in a regular bin.

**Question 3**

What are the disposal requirements for over-the-counter and prescribed medications?

# 5 B

## Complete medication, equipment and documentation procedures

**When the medication distribution has been completed, you will need to clean and store used and unused medication containers and DAAs.**

The cleaning and storing needs to be completed according to the infection control guidelines of your organisation.

Examples of infection control and other procedures related to cleaning and storage are:

- The medication trolley should be cleared of used equipment – discarded, if single use, otherwise washed, dried, and returned to the trolley ready for the next round of medication distribution.
- Gloves, cups, spoons and other dispensing equipment should be restocked if running low, so the next person has what they need.
- Temperature-sensitive liquid medications, creams and ointments should be stored in the fridge.
- The trolley should be wiped down with disinfectant, locked and put away in a designated room or store room.
- Follow hand washing protocols after handling used equipment and after cleaning.

### Medication storage procedures

**Medicines must be stored as per the manufacturer's instructions.**

Medications can lose their potency or become contaminated if not stored correctly. Support workers need to advise clients living independently that it is important to store medicines properly, or store the medicines for them in accordance with any instructions on the label.

Generally, medicines should be stored in their original container in a cool, dry, secure place. The stability/effectiveness of some medicines depends on storing them at the correct temperature, for example, medications may need to be stored below 25 degrees, in a dark place, or in the refrigerator at about 4 degrees C.

Here is an extract from a government website outlining duty-of-care requirements that ensure misuse (overdose) of medications by a client with dementia or confusion does not occur:



The service provider (in conjunction with other family members if appropriate/available) might need to take a lead role in making sure that the medicines are appropriately secured. In such cases, medicines should be stored out of the consumer's reach and sight, while still being accessible to those assisting in medication management. For example, medicines could be stored in a locked box in the top of the pantry or kitchen cupboard.

Source : [health.gov.au/internet/publications/publishing.nsf/Content/nmp-guide-medmgt-jul06-contents~nmp-guide-medmgt-jul06-guidepr8](https://health.gov.au/internet/publications/publishing.nsf/Content/nmp-guide-medmgt-jul06-contents~nmp-guide-medmgt-jul06-guidepr8)

## Replenish DAAs and other supplies

Providing support in the home means you may be required to bring with you a supply of disposable gloves, masks, alcohol sanitiser and other equipment. In a residential setting, the equipment and disposable items will be stored in a cupboard or special room for this purpose.

Speak to your supervisor if any of the medication is incomplete or you are unsure if there has been an error. It will be beyond your role and responsibility to replace medication, but you can use the DAAs already prepared and store them on the trolley ready for use or for the client to find in their bathroom or bedside table.

## Storage of medication documents

Different organisations will have different policies and procedures for the storage and updating of the documentation related to medication assistance.

The organisational policies and procedures will advise how and where medication administration records, individualised support plans and treatment sheets are to be stored. This is to ensure that client documentation:

- can be easily located by the multidisciplinary team
- can be accessed by the client/support workers in the home setting when self-administering medications
- is kept confidential and private from people not authorised to access it.

Charts, individualised support plans and progress notes should be returned to where they are locked away according to organisational policies and procedures. This is generally in a locked and secure area with access limited to authorised people, such as the doctor, supervisor, nurses and other health professionals and support staff. Storage may be in a locked cupboard of a staff-only access area or in a locked drug trolley.



Below is an example of a procedure for preparing medication documentation produced by North West Support Services Inc.

Regarding the preparation of medication sheets it states:

- Support workers on the afternoon/evening shift on the last day of every month are responsible for preparing the medication sheets for the coming month.
- The support workers on shift the following morning are responsible for double checking the prepared medication sheets.
- Always begin by writing the client's name at the top of the sheet/s. Prepare the medication sheet/s for one client at a time.
- Information from each client's medication container is transferred to the new *client medication sheet* using a blue or black biro. Do not use pencil.
- This is to include Client, Drug, Dose, Time/Frequency, Route, Number of tablets and any special instructions.
- On completion of each new *client medication sheet*, the support worker must sign in the appropriate space at the bottom of the sheet.
- The support worker on shift the next morning must check the new medication sheets and sign in the appropriate space at the bottom of each sheet.

Source: [nwss.org.au/policies-procedures/procedures-for-the-administration-of-medication-in-shared-home/](http://nwss.org.au/policies-procedures/procedures-for-the-administration-of-medication-in-shared-home/)

## Practice Task 13

### Question 1

Some clients may be at risk of medicine misuse, people living with dementia or certain kinds of disability may have some confusion about medication, or there may be other risks, such as the presence of young children in the home. Suggest two ways a support worker could store medications safely and securely in the home.



**Question 2**

List at least five procedures that should occur after medication administration for safety and privacy protocols, infection control and restocking of DAAs and supplies.

**Question 3**

Outline why it is important to tidy and restock the medication trolley after use ready for the next medication round.

**Question 4**

List three reasons why it is very important to store medication administration records, individualised support plans or treatment sheets according to organisation procedures.



## Summary

- Supplies and equipment must be cleaned or disposed of as soon as possible after their use.
- Commercially available bins are used for the storage of discarded medication before they are removed from the premises.
- In community settings, you will need to sort the waste before putting it in the appropriate bin. Bins for disposing of medications need to be lined with a bag and have a fitted lid.
- Leaving unwanted or unused medication in someone's home can be a safety risk to young children and to pets who may also ingest medications that are left on benches or discarded in open bins.
- Generally, medicines should be stored in their original container in a cool, dry and secure place. The stability/effectiveness of some medicines depends on storing them at the correct temperature.
- Follow the organisation policies and procedures for storing medications (usually in a locked cupboard or trolley) as well as medication administration records, individualised support plans and progress notes.
- Remember privacy and confidentiality when storing documentation.
- Wash your hands after assisting with medication administration.



## Learning Checkpoint 5

### Complete medication distribution and documentation

#### Part A

1. It is a common practice to check medications against the person's medication administration records and individualised support plans. List three things you should check.

2. One of your client's medications is stored under the bathroom sink where a leak has left them wet and soggy. Suggest where they should be stored.

3. How would you dispose of pessaries and suppositories that have been left sitting on the shelf in direct sunlight and have melted?



4. You have picked up your client's DAA from the pharmacy. You know that she is on codeine for pain, which is an opioid, and she still has her old DAA because her medications have changed. Explain why it is important to dispose of the medications in the old DAA at the pharmacy.

5. In a residential care setting, client individualised support plans and progress notes are often stored in a locked office only accessible to healthcare staff. Explain why this is important.

## Part B

Read the case study, then answer the questions that follow.

### Case study

Samuel is a 24-year-old man who lives in shared accommodation with three other clients. Margaret works for a disability service provider and assists Samuel with his medication.

Samuel has a DAA, which is usually locked in a drawer next to his bed, but he often forgets to lock it away. He is prescribed opioids to help manage his frequent migraines and these are in his DAA package prepared by the pharmacist. He recently had a chest infection, and the doctor prescribed cough mixture and antibiotics. Samuel no longer requires medication for his chest infection.



The cough medicine is next to his bed with a dosing cup that is dirty and sticky. The instructions on the bottle state that the medications should be stored in the fridge once opened.

Margaret notices that the antibiotic tablets are in a small pile by Samuel's bed where he has tipped them out of the bottle and made a neat pile.

1. Explain three actions Margaret should take in related to the storage and disposal of Samuel's medications.

2. List two problems with the storage of the cough medication.

3. What is Margaret responsible for when Samuel runs low on his migraine medication?





# Glossary

## **Accountability**

Being responsible for one's actions.

## **Code of practice**

A document providing practical guidance on how to comply with duties in a workplace.

## **Delegate**

To entrust a task or responsibility to another person.

## **Dose administration aid (DAA)**

A package that contains the person's weekly medications, put together by a health professional.

## **Duty of care**

A moral or legal obligation to ensure the safety and wellbeing of other persons.

## **Indication**

The reason or purpose for using a particular medication as a treatment.

## **National Safety and Quality Health Service Standards**

A set of standards that provide a nationally consistent statement of the level of care consumers can expect from health service organisations.

## **Personal protective equipment (PPE)**

Pieces of clothing and equipment that are designed to protect the human body from physical, chemical or biological hazards.

## **Regulations**

A set of rules made by a government or authority to control the way something is done.

## **Standard precautions**

The work practices required to achieve a basic level of infection prevention and control.

